

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90080 029 ****50.00

DOCUMENT # L02000003035

1. Entity Name
FURRY ELEPHANT LLC



Principal Place of Business
**700 11TH STREET SOUTH, PH#2
NAPLES, FL 34102-6777**

Mailing Address
**700 11TH STREET SOUTH, PH#2
NAPLES, FL 34102-6777**

40071872



04252005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0843495

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WELLINGTON SHEILD SERVICES LTD. INC
700 11TH STREET SOUTH, PL 2
NAPLES, FL 34102-6777**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	PARNELL, DAVID
STREET ADDRESS	9 PRINCES STREET <i>The Promenade</i>
CITY - ST - ZIP	AUCKLAND, NZ <i>Castletown Isle of Man</i>
TITLE	
NAME	
STREET ADDRESS	<i>British Isles</i>
CITY - ST - ZIP	<i>IM9 1BJ</i>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]* *Secretary* *4.26.05* *239-430-4306*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #