


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 19, 2007 8:00 am
Secretary of State

01-19-2007 90132 042 ****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
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2. Principal Place of Business - No P.O. Box # 4710 15th Ave. SW.	3. Mailing Address 4710 15th Ave SW.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Naples, Florida	City & State Naples, Florida
Zip 34116	Zip 34116
Country Collier	Country Collier



01152007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent WELLINGTON SHIELD, INC 700 11TH STREET SOUTH, PL 2 NAPLES, FL 34102-6777	
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4. FEI Number 20-0843495	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
7. Name and Address of New Registered Agent Name Candace B Morrison Street Address (P.O. Box Number is Not Acceptable) 4710 15th Avenue SW City Naples FL 34116	

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 CB Morrison	DATE 1-15-07
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PARNELL, DAVID THE PROMENADE CASTLETOWN ISLE OF MAN PORTISH ISLES, im9 1b5 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: CB Morrison - Secretary	Date 1-15-07	Daytime Phone # 239-289-6809
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		