



# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 14, 2004 8:00 am**  
**Secretary of State**

07-14-2004 90060 046 \*\*\*\*50.00

<b>DOCUMENT # L02000015373</b>						
<b>1. Entity Name</b> NEEDLEWORK COTTAGE, LLC						
<b>Principal Place of Business</b> 5608 MULBERRY DRIVE TAMARAC, FL 33319			<b>Mailing Address</b> 5608 MULBERRY DRIVE TAMARAC, FL 33319			
<b>2. Principal Place of Business</b> 68 Ft. Caroline Ln. Suite, Apt. #, etc.		<b>3. Mailing Address</b> 68 Ft. Caroline Ln. Suite, Apt. #, etc.				
<b>City &amp; State</b> Palm Coast, FL		<b>City &amp; State</b> Palm Coast, FL		<b>4. FEI Number</b> 75-3068255		
<b>Zip</b> 32137		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>		
<b>6. Name and Address of Current Registered Agent</b> COOK, SUSAN J 5608 MULBERRY DRIVE TAMARAC, FL 33319			<b>7. Name and Address of New Registered Agent</b> Name: COOK, SUSAN Street Address (P.O. Box Number is Not Acceptable): 68 Ft. Caroline Ln. City: Palm Coast, FL Zip Code: 32137			
<b>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.</b> SIGNATURE: <u>Susan J. Cook</u> DATE: <u>7/5/04</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>						
<b>Filing Fee is \$50.00 Due by September 8, 2004</b>			<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> MGRM <b>NAME</b> COOK, SUSAN J <b>STREET ADDRESS</b> 5608 MULBERRY DRIVE <b>CITY-ST-ZIP</b> TAMARAC, FL 33319	<input type="checkbox"/> Delete			<b>TITLE</b> MGRM <b>NAME</b> COOK, SUSAN J. <b>STREET ADDRESS</b> 68 Ft. Caroline Lane <b>CITY-ST-ZIP</b> Palm Coast, FL 32137	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> MGRM <b>NAME</b> LANGSET, SHERRY J <b>STREET ADDRESS</b> 5608 MULBERRY DRIVE <b>CITY-ST-ZIP</b> TAMARAC, FL 33319	<input type="checkbox"/> Delete			<b>TITLE</b> MGRM <b>NAME</b> Langset, Sherry J. <b>STREET ADDRESS</b> 68 Ft. Caroline Lane <b>CITY-ST-ZIP</b> Palm Coast, FL 32137	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete			<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete			<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete			<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.</b>						
<b>SIGNATURE:</b> <u>Susan J. Cook</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>						
<small>Date</small>				<small>Daytime Phone #</small>		