2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L02000031798

1. Entity Name
SAVANTIQUES LLC

Principal Place of Business	Mailing Address
1750 BAYWOOD WAY	1750 BAYWOOD WAY
SARASOTA, FL 34231	SARASOTA, FL 34231

DO NOT WRITE IN THIS SPACE

01052005No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
54-2085698	Not Applicable

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

6. Name and Address of Current Registered Agent

HOPKINS, F. THOMAS
ICARD, MERRILL, CULLIS, TIMM, FUREN, ET AL
2033 MAIN STREET, STE. 600
SARASOTA, FL 34237

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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)

00000017676
01/10/05-80058-022 50.00

Filing Fee is $50.00
Due by May 1, 2005

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	LLOYD, NICHOLAS A JR
STREET ADDRESS	1750 BAYWOOD WAY
CITY-ST-ZIP	SARASOTA, FL 34231
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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.

SIGNATURE: _____   01-05-05   941-383-6021
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #