

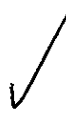
LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90067 013 ****50.00

DOCUMENT # L02000031798

1. Entity Name



SAVANTIQUES LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1750 Baywood Way

1750 Baywood Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

SARASOTA, FLORIDA

SARASOTA, FLORIDA

4. FEI Number

54-2085698

Applied For

Not Applicable

Zip

Country

Zip

Country

34231

SARASOTA

34231

SARASOTA

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ICARD, Merrill et al c/o F. Thomas Hopkins

Street Address (P.O. Box Number is Not Acceptable)

2033 Main Street

Suite #600

City

SARASOTA

FL

Zip Code

34237

**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.

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Managing Member (MGRM)
NICHOLAS A LLOYD JR.
1750 BAYWOOD WAY
SARASOTA, FL 34231

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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)(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: *Nicholas A Lloyd Jr* NICHOLAS A LLOYD JR. 02-11-03 941-921-2708
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083B (12/02)