2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000018877

1. Entity Name
MARIE'S FLOWER & GIFT SHOP LLC

Principal Place of Business	Mailing Address
MARIE'S FLOWER & GIFT SHOP LLC	MARIE'S FLOWER & GIFT SHOP LLC
7050 WINKLER RD #107	7050 WINKLER RD #107
FORT MYERS, FL 33919 US	FORT MYERS, FL 33919 US

DO NOT WRITE IN THIS SPACE

03102005 No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
11-3688267	Not Applicable

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

6. Name and Address of Current Registered Agent

GREEN, STACEY L
2225 JEFFCOT ST.
FT. MYERS, FL 33901

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 _Stacey Green_   _3/10/05_
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	HALL, MARIE
STREET ADDRESS	2236 SOUTH ST.
CITY-ST-ZIP	FORT MYERS, FL 33901

U00000269116
03/18/05-80071-003 5.00

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000269116
03/18/05-80071-004 50.00

TITLE	
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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: _Marie Hall_   _Marie Hall_   _3/10/05_ 239-489-3636
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #