FILED Apr 18, 2005 8:00 am Secretary of State 04-18-2005 90074 029 ****50.00

ANNUAL REPORT					
DOCUMENT # LOC 1. Entity Name STACIE LEIGH, LLC	3000020636				
Principal Place of Business	Mailing Address				

1. Entity Nam STACIE L	EIGH, LLC									
	e of Business PRISE DR., UNIT A OTTE, FL 33953	Mailing Address 1223 ENTERPRISE DR PORT CHARLOTTE, FL					4 00		~	
2. Principal P 4385 Suite, Apt.		3. Mailing Address 4385 au Suite, Apt. #, etc.	ra.	54.						
						04122005	Chg-LLC	CR2E	083 (10/03)	
Charle	HE HARBOY FL	Charlotte /	arb	or F	T	4, FEI Numb			 	ot Applicable
33980) Country	^{zio} 3 <i>3980</i>	Coun	try		5. Certificate	e of Status Desired		\$5.00 Add Fee Require	
	6. Name and Address of Current F	Registered Agent				7. Name an	d Address of New I	Registered	Agent	
- 114 DTT: D.	A 4-18		-	Name					٠.	e escale e
	ERPRISE DR., UNIT A	 .		Street A	ddress (F	O. Box Numt	per is Not Acceptab	e)		
PORT CHA	ARLOTTE, FL 33953			i	73.0.	cera	7 7 5 7			
				City	arb	He Han	bor	FL	Zip Cod	381)
	named entity submits this statement for ions of registered agent.	the purpose of changing its	s registere	ed office or	r register	ed agent, or b	oth, in the State of F	lorida. I am	familiar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent a	ord title it applicable (NO)	IF: Benietere	d Agent signet	haringa ann	when reinstating)		DATE		
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	iling Fee is \$50.00 ue by May 1, 2005						Ma	ke check	payable to nent of Stat	•
		RS/MANAGERS	10.				Ma	ke check a Departn	nent of Stat	•
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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 projectiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Paul Hart