


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90074 029 ****50.00

DOCUMENT # L03000020636

1. Entity Name
STACIE LEIGH, LLC



Principal Place of Business
**1223 ENTERPRISE DR., UNIT A
 PORT CHARLOTTE, FL 33953**

Mailing Address
**1223 ENTERPRISE DR., UNIT A
 PORT CHARLOTTE, FL 33953**

2. Principal Place of Business
4385 Laura St.

3. Mailing Address
4385 Laura St.

Suite, Apt. #, etc.

City & State
Charlotte Harbor FL

City & State
Charlotte Harbor FL

Zip
33980

Country

04122005 Chg-LLC CR2E083 (10/03)

4. FEI Number
55-0836256

Applied For
 Not Applicable

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



6. Name and Address of Current Registered Agent

**HARTT, PAUL
 1223 ENTERPRISE DR., UNIT A
 PORT CHARLOTTE, FL 33953**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
4385 Laura St.

City **Charlotte Harbor** FL Zip Code **33980**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HARTT, PAUL 1223 ENTERPRISE DR., UNIT A PORT CHARLOTTE, FL 33953 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4385 Laura St. Charlotte Harbor FL 33980
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Paul Hartt Date: 4/13/05 Daytime Phone #: 941-627-0472
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Paul Hartt