

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000021772

FILED
Sep 10, 2004
Secretary of State

Entity Name: UNIQUE ANTIQUE REPRODUCTION FURNITURE AND ACCESSORIES, LLC

Current Principal Place of Business:

5505 TERRAIN DE GOLF DRIVE, SUITE A
LUTZ, FL 33558

New Principal Place of Business:

13020 SHADOW RUN BLVD
RIVERVIEW, FL 33569 US

Current Mailing Address:

5505 TERRAIN DE GOLF DRIVE, SUITE A
LUTZ, FL 33558

New Mailing Address:

13020 SHADOW RUN BLVD.
RIVERVIEW, FL 33569 US

FEI Number: 11-3691944

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SEXTON, JERRY
5505 TERRAIN DE GOLF DRIVE, SUITE A
LUTZ, FL 33558 US

Name and Address of New Registered Agent:

SEXTON, JERRY
13020 SHADOW RUN BLVD
RIVERVIEW, FL 33569 US

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.

SIGNATURE: JERRY SEXTON

09/10/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: SEXTON, JERRY D PARTNER
Address: 13020 SHADOW RUN BLVD.
City-St-Zip: RIVERVIEW, FL 33569 US

Title: MGRM () Change (X) Addition
Name: SEXTON, TAMARA J PARTNER
Address: 13020 SHADOW RUN BLVD.
City-St-Zip: RIVERVIEW, FL 33569 US

Title: MGRM () Change (X) Addition
Name: SEXTON, MAKAYLA R PARTNER
Address: 13020 SHADOW RUN BLVD.
City-St-Zip: RIVERVIEW, FL 33569 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: TAMARA SEXTON

MGRM

09/10/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date