2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 06, 2005
Secretary of State

DOCUMENT# L03000021772

Entity Name: UNIQUE ANTIQUE REPRODUCTION FURNITURE AND ACCESSORIES, LLC

Current Principal Place of Business:

13020 SHADOW RUN BLVD
RIVERVIEW, FL 33569 US

New Principal Place of Business:

Current Mailing Address:

13020 SHADOW RUN BLVD.
RIVERVIEW, FL 33569 US

New Mailing Address:

FEI Number: 11-3691944 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

UNIQUE ANTIQUE REPRODUCTIONS
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: TAMARA SEXTON 09/06/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

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

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

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

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 09/06/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date