


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90556 045 \*\*\*\*50.00

<b>DOCUMENT # L03000029041</b> 1. Entity Name <b>EXCEPTIONAL WOODWORKING &amp; DESIGN GROUP, LLC</b>					
Principal Place of Business <b>319 CITATION POINT NAPLES, FL 34104</b>			Mailing Address <b>319 CITATION POINT NAPLES, FL 34104</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>NOVATT, JEFF M ESQ CHEFFY, PASSIDOMO, WILSON &amp; JOHNSON, LLP 821 FIFTH AVENUE SOUTH, STE. 201 NAPLES, FL 34102</b>			Name Street Address (P.O. Box Number is Not Acceptable) City		
			<div style="text-align: right;"> <b>FL</b>      Zip Code         </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>				<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM ST HOLDINGS LLC 319 CITATION POINT NAPLES, FL 34104</b> <input type="checkbox"/> Delete		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"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		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.					
<b>ST Holdings LLC, Managing Member</b>					
<b>SIGNATURE:</b> By: <i>Seale A. Moorer, Jr.</i>		Seale A. Moorer, Jr., Managing Member		03/29/04    239-643-3334	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					