
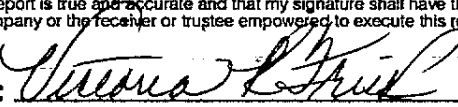


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 07, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000030737</b>		
1. Entity Name STORIES FROM THE GARDEN, LLC		
Principal Place of Business 16730 SE 78TH LILLYWOOD COURT THE VILLAGES, FL 32162	Mailing Address 16730 SE 78TH LILLYWOOD COURT THE VILLAGES, FL 32162	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  FRISK, VICTORIA R 16730 SE 78TH LILLYWOOD COURT THE VILLAGES, FL 32162		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$50.00 Due by May 1, 2005		
9. MANAGING MEMBERS/MANAGERS		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRISK, VICTORIA R 16730 SE 78TH LILLYWOOD COURT THE VILLAGES, FL 32162	
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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)(b), 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>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> <div style="text-align: right;">3/4/05 (352) 753-9586 <small>Date Daytime Phone #</small></div>		



01062005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 32-0096746	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required