

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000031592

Entity Name: STITCHES'N PRINTS, LLC

FILED
Apr 19, 2004
Secretary of State

Current Principal Place of Business:

5217 MEADOWS DR.
JAY, FL 32565

New Principal Place of Business:

Current Mailing Address:

5217 MEADOWS DR.
JAY, FL 32565

New Mailing Address:

FEI Number: 11-3702816

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEADOWS, THOMAS R
5217 MEADOWS DR.
JAY, FL 32565

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: MEADOWS, THOMAS R
Address: 5217 MEADOWS DR.
City-St-Zip: JAY, FL 32565

Title: MGRM () Delete
Name: MEADOWS, PATRICIA I
Address: 5217 MEADOWS DR.
City-St-Zip: JAY, FL 32565

Title: MGRM () Delete
Name: JONES, LUCY J
Address: 5221 MEADOWS DR.
City-St-Zip: JAY, FL 32565

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: THOMAS R MEADOWS

MGRM

04/19/2004

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