


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (A/R)

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90429 006 \*\*\*\*55.00

<b>DOCUMENT # L03000031789</b>	
1. Entity Name <b>STITCHES ON THE MOVE, L.L.C.</b>	

Principal Place of Business <b>4751 N.E. 10TH AVENUE OAKLAND PARK FL 33334</b>	Mailing Address <b>4751 N.E. 10TH AVENUE OAKLAND PARK FL 33334</b>
---------------------------------------------------------------------------------------	---------------------------------------------------------------------------

2. Principal Place of Business <b>483 DONOHUE DR.</b>	3. Mailing Address <b>483 DONOHUE DR.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>VENUS FL</b>	City & State <b>VENUS FL</b>
Zip <b>33960</b>	Country <b>USA</b>

4. FEI Number <b>06-1705586</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--------------------------------------------------------

5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required
------------------------------------------------------------------------------------------------------------

6. Name and Address of Current Registered Agent <b>BERTOLINI &amp; ASSOCIATES, P.A. 15385 MONROE ROAD DELRAY BEACH FL 33484</b>
--------------------------------------------------------------------------------------------------------------------------------------------

7. Name and Address of New Registered Agent <b>Jerome Doddridge 483 DONOHUE DRIVE VENUS, FL Zip Code 33960</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: *Jerome Doddridge* DATE: **3-28-05**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM DODDRIDGE, JEROME 4751 N.E. 10TH AVENUE OAKLAND PARK FL 33334</b> <i>NEW ADDRESS →</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM SHEVIS, ALBERT J 4751 N.E. 10TH AVENUE OAKLAND PARK FL 33334</b> <i>NEW ADDRESS →</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>483 DONOHUE DRIVE VENUS, FL 33960</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>483 DONOHUE DRIVE VENUS, FL 33960</b>
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"/> Change <input type="checkbox"/> Addition
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"/> 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.

SIGNATURE: *Albert J. Shevis* **3-28-05 954-868-5940**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #