



# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90117 014 \*\*\*\*50.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                            |                                                                                                                                                                                                                                             |                                                                                                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| <b>DOCUMENT # L03000036436</b><br>1. Entity Name<br><b>FROM COTTAGES TO CASTLES, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                            |                                                                                                                                                            |                                                                                                                                |
| Principal Place of Business<br><b>707 CENTERVALE DRIVE<br/>CELEBRATION FL 34747</b>                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                            | Mailing Address<br><b>707 CENTERVALE DRIVE<br/>CELEBRATION FL 34747</b>                                                                                                                                                                     |                                                                                                                                |
| 2. Principal Place of Business<br><b>3122 Zaharias Dr.</b><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                             | 3. Mailing Address<br><b>3122 Zaharias Dr.</b><br>Suite, Apt. #, etc.                                      | <br>MOORE CR2E083 (11/03)                                                                                                                                |                                                                                                                                |
| City & State<br><b>Orlando Florida</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | City & State<br><b>Orlando Florida</b>                                                                     |                                                                                                                                                                                                                                             |                                                                                                                                |
| Zip<br><b>32837</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Zip<br><b>32837</b>                                                                                        |                                                                                                                                                                                                                                             |                                                                                                                                |
| Country<br><b>Orange</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Country<br><b>Orange</b>                                                                                   |                                                                                                                                                                                                                                             |                                                                                                                                |
| 4. FEI Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                            | <input checked="" type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                                  |                                                                                                                                |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                            | <b>\$5.00</b> Additional Fee Required                                                                                                                                                                                                       |                                                                                                                                |
| 6. Name and Address of Current Registered Agent<br><br><b>MILLER, LORRAINE L<br/>707 CENTERVALE DRIVE<br/>CELEBRATION FL 34747</b>                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                            | 7. Name and Address of New Registered Agent<br>Name<br><b>Lorraine L. Miller</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>3122 Zaharias Dr.</b><br>City<br><b>Orlando</b><br>State<br><b>FL</b> Zip Code<br><b>32837</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.<br>SIGNATURE <u>Lorraine L. Miller</u> DATE <u>4/28/04</u><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                         |                                                                                                            |                                                                                                                                                                                                                                             |                                                                                                                                |
| <b>FILE NOW!!! FEE IS \$50.00</b><br><b>Make Check Payable to Florida Department of State</b><br><b>Due By May 1, 2004</b>                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                            |                                                                                                                                                                                                                                             |                                                                                                                                |
| 9. MANAGING MEMBERS / MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                            | 10. ADDITIONS / CHANGES                                                                                                                                                                                                                     |                                                                                                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | MGRM<br>MILLER, LORRAINE L<br>707 CENTERVALE DRIVE<br>CELEBRATION FL 34747 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                              | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>3122 Zaharias Dr.<br/>Orlando, FL 32837</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | MGR<br>MILLER, DARREN W<br>707 CENTERVALE DRIVE<br>CELEBRATION FL 34747 <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                              | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>3122 Zaharias Dr.<br/>Orlando, FL 32837</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                            | TITLE<br>NAME<br>STREET ADDRESS<br>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: <u>Lorraine L. Miller</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>                                                                                                                                                                                                                                                                                                                                                  |                                                                                                            | <u>4/28/04</u> <u>407-729-8446</u><br><small>Date Daytime Phone #</small>                                                                                                                                                                   |                                                                                                                                |