


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 06, 2004 8:00 am
Secretary of State

07-06-2004 90155 029 ****50.00

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1. Entity Name
ST. HELEN COLLECTIBLES, L.L.C.



Principal Place of Business
**3820 THOMPSON NURSERY RD.
 LAKE WALES, FL 33859**

Mailing Address
**3820 THOMPSON NURSERY RD.
 LAKE WALES, FL 33859**

13069176

2. Principal Place of Business
7760 Thompson Nursery Road

3. Mailing Address
Same

Suite, Apt. #, etc.
Winter Haven, FL 33884

City & State
Winter Haven, FL 33884

City & State
Same

Zip
33884

Country
FL



05042004 Chg-LLC CR2E083 (10/03)

8. Name and Address of Current Registered Agent:

**GASSMAN, ALAN S
 1245 COURT ST, STE. 102
 CLEARWATER, FL 33756**

7. Name and Address of New Registered Agent:

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
FL Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by September 8, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete Mark W. Shabla, Manager 7760 Thompson Nursery Road Winter Haven, FL 33884	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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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: Mark W Shabla Date: 5294 Daytime Phone #: 863 412649

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE