



2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 13, 2004 8:00 am
Secretary of State

01-13-2004 90040 022 ****55.00

DOCUMENT # L03000041118					
1. Entity Name THE TWISTED STITCHER, LLC					
Principal Place of Business 2340 LIMERICK DR. TALLAHASSEE, FL 32309			Mailing Address 1400 VILLAGE SQUARE BLVD., #3-247 TALLAHASSEE, FL 32312		
2. Principal Place of Business 2340 Limerick Dr Suite, Apt. #, etc.		3. Mailing Address 1400 Village Square Blvd Suite, Apt. #, etc. # 3-247			
City & State Tallahassee, FL		City & State Tallahassee, FL		4. FEI Number 42-1606421	
Zip 32309		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SHOCKLEY, ANN GOEMBEL 2340 LIMERICK DR. TALLAHASSEE, FL 32309			7. Name and Address of New Registered Agent Name: <u>no change to registered agent</u> Street Address (P.O. Box Number is Not Acceptable): City: <u>FL</u> 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: <u>not applicable</u> (NOTE: Registered Agent signature required when reinstating) DATE:					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHOCKLEY, ANN GOEMBEL 2340 LIMERICK DR. TALLAHASSEE, FL 32309	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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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: <u>Ann Goembel Shockley</u> <u>January 10, 2004</u> <u>550.893.8211</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					