

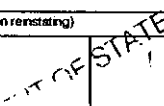
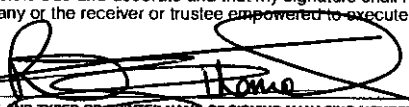


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90285 040 ****50.00

DOCUMENT # L03000045934 1. Entity Name THE OLDE ENGLISH DOLL HOUSE COMPANY, LLC					
Principal Place of Business 301 N. CATTELMEN ROAD SUITE 205 SARASOTA, FL 34232			Mailing Address 301 N. CATTELMEN ROAD SUITE 205 SARASOTA, FL 34232		
2. Principal Place of Business 301 N. CATTELMEN ROAD		3. Mailing Address 301 N. CATTELMEN ROAD			
Suite, Apt. #, etc. SUITE 203		Suite, Apt. #, etc. SUITE 203			
City & State SARASOTA FL		City & State SARASOTA FL			
Zip 34232		Country USA		4. FEI Number 582678299	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent THOMAS, RICHARD 301 N. CATTELMEN ROAD SUITE 205 SARASOTA, FL 34232				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 301 N. CATTELMEN ROAD SUITE 203 City SARASOTA FL Zip Code 34232	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2004			<div style="text-align: center;">  <p>Make check payable to Florida Department of State</p> </div>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MGRM THOMAS - RICHARD 301 N. CATTELMEN ROAD SARASOTA FL 34232	
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	
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	
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	
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	
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	
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: 			Date 4/13/04 Daytime Phone # 011-44-1473-716604		