


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2005 8:00 am
Secretary of State

01-14-2005 90035 002 ****50.00

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| DOCUMENT # L03000045934 |  |
| 1. Entity Name THE OLDE ENGLISH DOLL HOUSE COMPANY, LLC | |

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| Principal Place of Business 301 N. CATTELMEN ROAD STE 203 SARASOTA, FL 34232 | Mailing Address 301 N. CATTELMEN ROAD STE 203 SARASOTA, FL 34232 |
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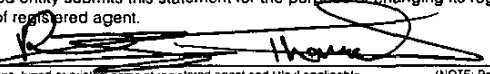
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|---|---|
| 2. Principal Place of Business 1242 MARKET CIRCLE | 3. Mailing Address 1242 MARKET CIRCLE |
| Suite, Apt. #, etc. UNIT 10 | Suite, Apt. #, etc. UNIT 10 |
| City & State PORT CHARLOTTE FL | City & State PORT CHARLOTTE FL |
| Zip 33953 | Country USA |



01112005 Chg-LLC CR2E083 (10/03)

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| 4. FEI Number 58-2678299 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent THOMAS, RICHARD 301 N. CATTELMEN ROAD STE 203 SARASOTA, FL 34232 | | 7. Name and Address of New Registered Agent Name THOMAS, RICHARD Street Address (P.O. Box Number is Not Acceptable) 5266 PINE SHADOW LANE City NORTH PORT FL Zip Code 34287 |

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.

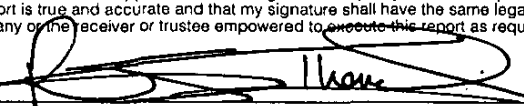
SIGNATURE  DATE **1/12/05**

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

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| Filing Fee is \$50.00 Due by May 1, 2005 | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM THOMAS, RICHARD 301 N. CATTELMEN ROAD SARASOTA, FL 34232 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM THOMAS, RICHARD 5266 PINE SHADOW LANE NORTH PORT FL 34287 <input checked="" 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 | MGRM THOMAS, SUZANNE 5266 PINE SHADOW LANE NORTH PORT FL 34287 <input type="checkbox"/> Change <input checked="" 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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| 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 **1/12/05** 941 366 377

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