## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L0400004830  1. Entity Name THE NOOK-N-CRANNY ANTIQUES AND MORE, LLC					
Principal Plac 10100 PENS PENSACOLA,	ACOLA BLVD	Mailing Address 10100 PENSACOLA BLVD PENSACOLA, FL 32534	r		
DO NOT WRITE IN THIS SPACE  6. Name and Address of Current Registered Agent				06172007 No Chg-LLC  4. FEI Number 90-0140983  5. Certificate of Status Desired	CR2E083 (11/05)  Applied For Not Applicable  \$5.00 Additional Fee Required
BRADLEY 5231 DEEI PACE, FL	, KENNETH R CREEK DR	regisureo Agant		DO NOT W IN THIS SP	
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 eccept the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reheating)  DATE					
Filing Fee is \$50.00 U00000773498 Due by September 14, 2007 09/06/07-80006-019 50,00					
9.  TITLE NAME STREET ADDRESS CITY-S1-ZIP  TITLE HAME STREET ADDRESS CITY-ST-ZIP  TITLE HAME HAME STREET ADDRESS CITY-S1-ZIP  TITLE HAME STREET ADDRESS CITY-S1-ZIP	MANAGING MEMBE MGRM BRADLEY, KENNETH 5231 DEER CREEK DR PACE, FL 32571	RS/MANAGERS		DO NOT W IN THIS SF	· ·
HILE NAME STREET ADDRESS CITY-ST-ZIP HILE NAME STREET ADDRESS CITY-ST-ZIP					<u></u>
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 cath; 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:   **Example 1995-1143**  SIGNATURE:   **Example 2995-1143**  SIGNATURE:   **Example 2995-1143**  **Example 2995-1143**					
SIGNATURE: 71 WAY 20. CONTROL MANAGEM MANAGEM MEMBER, ON AUTHORIZED REPRESENTATIVE Dain Doyano Phone #					