

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90030 029 ****50.00

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04122005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L04000020845 1. Entity Name ALL THINGS BRIGHT & BEAUTIFUL, LLC					
Principal Place of Business 2033 MAIN ST, STE 303 SARASOTA, FL 34237			Mailing Address 2033 MAIN ST, STE 303 SARASOTA, FL 34237		
2. Principal Place of Business 310 John Ringling Blvd. <small>Suite, Apt. #, etc.</small>		3. Mailing Address 310 John Ringling Blvd. <small>Suite, Apt. #, etc.</small>			
City & State Sarasota, FL 34236		City & State Sarasota, FL 34236		4. FEI Number 20-1067455	
Zip 34236		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SABA, RICHARD D SABA & KING, LLP 2033 MAIN ST, STE 303 SARASOTA, FL 34237			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HANLY, THOMAS 310 JOHN RINGLING BLVD. SARASOTA, FL 34236	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SABA, RICHARD D 2033 MAIN ST, STE 303 SARASOTA, FL 34237	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HANLY, PATRICIA A 310 JOHN RINGLING BLVD. SARASOTA, FL 34236	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SABA, LISA V 2033 MAIN ST, STE 303 SARASOTA, FL 34237	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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: <i>Patricia A. Hanly</i>			4/12/05 941-388-2331		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		