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2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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M. HODGES

DOCUMENT # L04000029302

1. Entity Name
MADE TO ORDER, LLC

Principal Place of Business	Mailing Address
115 WAYNE ROAD ROTONDA WEST, FL 33947	115 WAYNE ROAD ROTONDA WEST, FL 33947

05092005 Chg-LLC CR2E083 (10/03) 10

2. Principal Place of Business		3. Mailing Address	
ENGLEWOOD		115 WAYNE ROAD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: ROTONDA HEIGHTS		City & State: ROTONDA HEIGHTS	
Zip: 33947	Country: FL	Zip: 33947	Country: FL

4. FEI Number ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BASETTI, TIZIANA 115 WAYNE ROAD ROTONDA WEST, FL 33947	Name Street Address (P.O. Box Number is Not Acceptable) NON 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 ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 7, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Basetti, Tiziana 115 Wayne Road Rotonda Heights, FL 33947 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: Tiziana Basetti 5/12/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #