


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90046 020 ****50.00

DOCUMENT # L04000053373	
1. Entity Name WHIMSICAL WEDDINGS BY THE SEA, LLC	

Principal Place of Business 5941 BAKER ROAD NEW PORT RICHEY, FL 34563	Mailing Address 5941 BAKER ROAD NEW PORT RICHEY, FL 34563
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20040331



2. Principal Place of Business 8535 Congress St Suite, Apt. #, etc. #110 City & State Port Richey, FL Zip 34668	3. Mailing Address 8535 Congress St. Suite, Apt. #, etc. #110 City & State Port Richey, FL Zip 34668
Country USA	Country USA

01042005 Chg-LLC CR2E083 (10/03)

4. FEI Number 90-0188782	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent WIETER, LEAH R 5941 BAKER ROAD NEW PORT RICHEY, FL 34563	
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7. Name and Address of New Registered Agent Name Leah R. Wieter Street Address (P.O. Box Number is Not Acceptable) 8535 Congress St. #110 City Port Richey FL Zip Code 34668	
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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 <u>Leah R. Wieter</u> DATE <u>April 12, 2005</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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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	MGR WIETER, LEAH R 5941 BAKER ROAD NEW PORT RICHEY, FL 34563 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Leah R. Wieter - Manager <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8535 Congress St. #110 Port Richey, FL 34668
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MONNIKENDAM, JOANN 5941 BAKER ROAD NEW PORT RICHEY, FL 34563 <input checked="" 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: <u>Leah R. Wieter</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	Date <u>4-12-05</u> Daytime Phone # <u>236-3283</u>