


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90024 024 ****50.00

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

Principal Place of Business 8535 CONGRESS ST #10 PORT RICHEY, FL 34668	Mailing Address 8535 CONGRESS ST #10 PORT RICHEY, FL 34668
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2. Principal Place of Business 2235 Peggy Drive Suite, Apt. #, etc.	3. Mailing Address 2235 Peggy Drive Suite, Apt. #, etc.
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City & State Holiday, Florida	City & State Holiday, Florida
Zip 34690	Zip 34690
Country U.S.	Country U.S.

04132006 Chg-LLC CR2E083 (11/05)

4. FEI Number 90-0188782	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 WIETER, LEAH R 8535 CONGRESS ST, #10 PORT RICHEY, FL 34668	
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 **Leah R. Wieter** DATE **4-17-06**

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

Filing Fee is \$50.00 Due by May 1, 2006	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 8535 CONGRESS ST, #10 PORT RICHEY, FL 34668 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR. Rev. Leah R. Wieter 2235 Peggy Drive Holiday, Florida 34690 <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	<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
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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 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: **Leah R. Wieter** Date **April 17, 2006** Daytime Phone # **727-326-7171**

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