## **2007 LIMITED LIABILITY COMPANY**

## Jul 30, 2007 8:00 am ANNUAL REPORT Secretary of State **DOCUMENT # L04000058853** 07-30-2007 90028 004 \*\*\*\*50.00 COTTAGE SOUL . LLC Principal Place of Business Mailing Address 4818 S E MAJOR WAY 27 ALICE ST. N E 60053747 JENSEN BEACH, FL 34957 STUART, FL 33497 07192007 No Cha-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number NOT APPLICABLE Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PATTERSON, GERRY DO NOT WRITE 4818 S E MAJOR WAY STUART, FL 34997 IN THIS SPACE 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. DATE (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by September 14, 2007 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE PATTERSON, GERRY NAME STREET ADDRESS 4818 S E MAJOR WAY CITY-ST-ZIP STUART, FL 34957 MGRM TITLE NAME MCGOYE-FIELDS, JEAN STREET ADDRESS 27 N E ALICE AVE. CITY-ST-ZIP JENSEN BEACH, FL 34957 TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST- ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - 712

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.

SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED