


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 15, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000062383 1. Entity Name QUILT LOVERS HANGOUT LLC	
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Principal Place of Business 13494 N. CLEVELAND AVE. NORTH FORT MYERS, FL 33903	Mailing Address 13494 N. CLEVELAND AVE. NORTH FORT MYERS, FL 33903
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DO NOT WRITE IN THIS SPACE



02132007No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1482190	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent COWDIN, GAYLE 3421 SW 2ND LANE CAPE CORAL, FL 33991
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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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM COWDIN, GAYLE 3421 SW 2ND LANE CAPE CORAL, FL 33991
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM OLIVE, DEBORAH S 1271 FORSYTH DRIVE NORTH FORT MYERS, FL 33903
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03/26/07-80032-015 50.00

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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 Gayle L. Cowdin 3/12/07 239-995-0045
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #