## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

## Apr 25, 2008 08:00 AM Secretary of State **DOCUMENT # L04000070329** 1. Entity Name STEPHEN MCPECK DECORATIVE ART LLC '\* Principal Place of Business Mailing Address 1074 22ND ST 1074 22ND ST SARASOTA FL 34234 SARASOTA FL 34234 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/07) Applied For City & State City & State 4. FEI Number 20-1676915 Not Applicable Zip \$5.00 Additional Country Zip Country $\Box$ 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name POTTER, EDWARD Street Address (P.O. Box Number is Not Acceptable) 823 SIMMONS AVE. SARASOTA FL 34232 Zip Code City 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 INOTE: Registered Agent signature required when reinstating DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. TITLE MGR Delete Change ☐ Addition U00000921798 HAME MCPECK, STEPHEN P NAME 05/15/08-80021-008 138.75 STREET ADDRESS 1074 22ND STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34234 CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP TITLE ☐ Delete TITLE Change ■ Addition NAME STREET ADDRESS STREET AUDRESS CITY-ST-ZIP CITY-ST-ZiP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP TITLE ☐ Delete TITLE 🔲 Çhange Addit:en NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7iP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-7/P CHY-SI-ZIP 11. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 path; 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.

FILED