

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000072460

Entity Name: COUNTRY COTTAGE, LLC

FILED  
Jan 28, 2007  
Secretary of State

**Current Principal Place of Business:**

345 HOMEWOOD AVENUE  
DEBARY, FL 32713

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 148  
MICAVILLE, NC 28755

**New Mailing Address:**

FEI Number: 20-1733138

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FLICK, JAMES J  
112 LAKE AVENUE  
ORLANDO, FL 32801 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CRISTE, CHERINE M  
Address: 345 HOMEWOOD AVE  
City-St-Zip: DEBARY, FL 32713

Title: MGRM ( ) Delete  
Name: CRISTE, SHERMAN  
Address: 345 HOMEWOOD AVE  
City-St-Zip: DEBARY, FL 32713

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CHERINE M. CRISTE

MGR.

01/28/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date