## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED May 02, 2005 8:00 am Secretary of State

DOCUMENT # L04000078070  1. Entity Name THE CANVAS SHOP, LLC					05-02-2005 90125 032 ****50.00				
Principal Plac	e of Business	Mailing Address			1				
100 SW 9TH AVENUE OKEECHOBEE, FL 34974		3018 SE 34TH AVENUE OKEECHOBEE, FL 34974		1 (117)(117) 677	0053369		ti <b>s</b> ain 1880 sar	TP: #1 1891	
2. Principal Place of Business		3. Mailing Address		-		7			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04222005	Chg-LLC	CR2E0	33 (10/03)		
City & State		City & State		4. FEI Number 30 ~	028260	2		plied For t Applicable	
Zip 	Country	Zip	Coun	itry	<u> </u>	f Status Desired	ا ب	\$5.00 Add ee Required	
-	6. Name and Address of Current F	Registered Agent		Name	7. Name and	Address of New Ro	egistered A	gent	
GAISER, DONNA M									
3018 SE 34TH AVENUE OKEECHOBEE, FL 34974				Street Address	P.O. Box Number	is Not Acceptable	)		
	;			City				Zip Code	
<u></u>				<u> </u>			FL		
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registere	ed office or registe	red agent, or both	, in the State of Fio	ricia. Iam i	amiliar With, i	and accept
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOT	E: Registere	d Agent signature require	d when reinstating)		DATE		
(2.1)		T							
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Fi D	iling Fee is \$50.00 ue by May 1, 2005 MANAGING MEMBEI	RS/MANAGERS	10.			Florida	Departme	ont of State	4.4
9.	MANAGING MEMBER	RS/MANAGERS Delete	īnu			Florida	Departme	ont of State	4.4
9. IIILE NAME	MANAGING MEMBER MGRM GAISER, CARL F		TITLE	Æ		Florida	Departme	ent of State	W. S. S.
9.	MANAGING MEMBER		TITLE NAM STRE			Florida	Departme	ent of State	W. S. S.
9. IIILE NAME STREET ADDRESS	MANAGING MEMBER MGRM GAISER, CARL F 3018 SE 34TH AVENUE		TITLE NAM STRE	EET ADORESS -SI-ZIP		Florida	Departme	ent of State	W. S. S.
9.  IIILE NAME STREET ADORESS CITY-SI-ZIP  IIILE NAME	MANAGING MEMBER MGRM GAISER, CARL F 3018 SE 34TH AVENUE OKEECHOBEE, FL 34974 MGRM GAISER, DONNA M	☐ Delete	TITLE NAM STRE CITY TITLE NAM	EET ADDRESS -ST-ZIP E		Florida	Departme	Change	☐ Addition
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11. Thereby certify that the information supplied with this litting does not quality for the examption stated in Section 119.07(3)(), 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: LYCOV MANAGING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/28/05

863-763-7500