

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 22, 2005 8:00 am**  
**Secretary of State**

02-22-2005 90072 020 \*\*\*\*50.00

<b>DOCUMENT # L04000094419</b> 1. Entity Name <b>I GOT KIDS FURNITURE OF SARASOTA, L.L.C.</b>					
Principal Place of Business <b>4615 STONERIDGE TRAIL SARASOTA, FL 34232</b>			Mailing Address <b>4615 STONERIDGE TRAIL SARASOTA, FL 34232</b>		
2. Principal Place of Business <b>4221 S TAMiami TRAIL</b> Suite, Apt. #, etc.		3. Mailing Address <b>4221 S TAMiami TRAIL</b> Suite, Apt. #, etc.			
City & State <b>SARASOTA FL</b> Zip Country <b>34231 USA</b>		City & State <b>SARASOTA FL</b> Zip Country <b>34231 USA</b>		4. FEI Number <b>04-3803359</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				02112005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent  <b>GIBSON, JAMES D ESQ 400 BURNS COURT SARASOTA, FL 34236</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 reissuing) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM BLACK, GERI 4615 STONERIDGE TRAIL SARASOTA, FL 34232</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
<small>Date</small>				<small>Daytime Phone #</small>	