2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 03, 2005
Secretary of State

DOCUMENT# L05000000371

Entity Name: CONNIE'S BY CONNIE L.L.C.

Current Principal Place of Business:

6233 COUNTY ROAD 609
BUSHNELL, FL 33513

New Principal Place of Business:

Current Mailing Address:

4230 COUNTY ROAD 624
BUSHNELL, FL 33513

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JONES, BILL F
4230 COUNTY ROAD 624
BUSHNELL, FL 33513 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/MEMBERS:

Title: MGRM ( ) Delete
Name: JONES, BILL F
Address: 4230 COUNTY ROAD 624
City-St-Zip: BUSHNELL, FL 33513

Title: MGRM ( ) Delete
Name: JONES, CONNIE
Address: 4230 COUNTY ROAD 624
City-St-Zip: BUSHNELL, FL 33513

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 Section 119.07(3)(i), 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: CONNIE JONES MGRM 02/03/2005

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