

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90055 001 ****50.00

DOCUMENT # L05000016560 1. Entity Name A QUILTER'S COTTAGE, L.C.					
Principal Place of Business 1075 S. MCCALL ROAD ENGLEWOOD, FL 34223			Mailing Address 1075 S. MCCALL ROAD ENGLEWOOD, FL 34223		
2. Principal Place of Business 80-A S. McCall Road Suite, Apt. #, etc.		3. Mailing Address 80-A S. McCall Road Suite, Apt. #, etc.			
City & State Englewood, FL Zip 34223 Country		City & State Englewood, FL Zip 34223 Country		4. FEI Number 55-0889062	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent FREDENBURG, SUSAN J 1075 S. MCCALL ROAD ENGLEWOOD, FL 34223			7. Name and Address of New Registered Agent Name DAVID A. DUNKIN, P.A. Street Address (P.O. Box Number is Not Acceptable) 170 WEST DEARBORN STREET City ENGLEWOOD FL Zip Code 34223		
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 1/6/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-stating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RAVER, CHRISTINA L 1075 S. MCCALL ROAD ENGLEWOOD, FL 34223 <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 exemptions contained in Chapter 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 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: Jan 9, 2006 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					