

**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

3. Mailing Address
80-A S. McCall Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Englewood, FL

City & State
Englewood, FL

Zip
34223

Country

Zip
34223

Country

6. Name and Address of Current Registered Agent

FREDENBURG, SUSAN J
1075 S. MCCALL ROAD
ENGLEWOOD, FL 34223

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

(Signature)
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when changing)

DATE

1/6/06

**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

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

Change Addition

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Change Addition

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Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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: *Christina Raver*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Jan 9, 2006

Date

Daytime Phone #