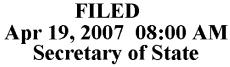
2007 LIMITED LIABILITY COMPANY

ANNUAL REPORT (AR) DOCUMENT # L05000116005 1. Entity Name

SIGNATURE:



SAINT SOMEWHERE INTERNATIONAL IMPORTS LLC						56	ecretar	y 01 S	otate
Principal Place of Business		Mailing Addross		1					
2216 SE NEWCASTLE TERRACE		PO BOX 1001							
PORT ST LUCIE FL 34952		PORT SALERNO FL 34992							
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		' 			. •		
Suile, Apt. #, etc.		Suite, Apt #, etc.			1	st MOORE	CR2E083	<u> </u>	
City & State		City & Stato			4. FEI Num	20-4846		No	plied For ot Applicable
Zip	Country	Zip	Country		<u> </u>	ite of Status Desire	ш Ц	\$5.00 Add Fee Required	
	6. Name and Address of Current Re	gistered Agent			7. Name a	nd Address of Ne	w Registered /	Agent	
				Namo					
221	KS, GEORGE E 6 SE NEWCASTLE TERRACE RT ST LUCIE FL 34952		Street	Street Address (P O Box Number is Not Acceptable)					
		City					FL	Zip Code	e
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8. The above named chity 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, typed or printed name of registered agent and	tile il applicable (NOTI	Registered Agent sign	alure required	d when reinstating)		DATE		
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007									
9. MANAGING MEMBER		/MANAGERS	10.			ADDITIO	NS/CHANGES	<u> </u>	
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CITY-ST-ZIP			CITY-ST-ZIP						
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 logal effect as if made under eath; 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.									

MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE