


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000012281		
1. Entity Name HANNOR'S BOUTIQUE & CONSIGNMENT "LLC"		

Principal Place of Business 1938 BAYWIND CT TALLAHASSEE, FL 32303-8604	Mailing Address 1938 BAYWIND CT TALLAHASSEE, FL 32303-8604
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2. Principal Place of Business - No P.O. Box # 3938 CALDWELL DRIVE Suite, Apt. #, etc.	3. Mailing Address 3938 CALDWELL DRIVE Suite, Apt. #, etc.
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City & State TALLAHASSEE, FL 32310	City & State TALLAHASSEE, FL 32310
Zip	Country

FILED
07 FEB -9 AM 11:30
SECRETARY OF STATE
80001516638
02/09/07-01012-023 **125.00



02092007 Chg-LLC CR2E083 (12/06)

4. FEI Number	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent HANNOR, ANNIE 1938 BAYWIND CT TALLAHASSEE, FL 32303-8604		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HANNOR, ANNIE 1938 BAYWIND CT TALLAHASSEE, FL 323038604 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BROWN, TAMETRIA 4450 NW 23RD ST LAUDERHILL, FL 33313 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILSON, ANNA 7704 BROOK MELLOW PLACE PENSACOLA, FL 32351 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ASHLEY, DE'BORAH 19 NW 45 AVE DEERFIELD BEACH, FL 33442 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Annie Hannor</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	2-9-07 Date	Daytime Phone #
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