2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE: STALLEY H. COTTE MGR.
SIGNATURE AND FYTED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED May 02, 2007 8:00 am Secretary of State

DOCUMENT # L06000073 1. Entity Name COTTAGE KEEPERS, LLC	OCUMENT # L06000073538 ITAGE KEEPERS, LLC				05-02-2007 \$	90348 041 ****5	0.00	
Principal Place of Business 1417 SADLER ROAD UNIT 204 FERNANDINA BEACH, FL 32034	LER ROAD UNIT 204 1417 SADLER ROAD UNIT 204 NA BEACH, FL 32034 FERNANDINA BEACH, FL 32034			40	998 1 33	TUU 1888 UU 8UU 8UU 8UU 1		
2. Principal Place of Business - No P.O. Box # 18 Sea Mars w. Rd. Suite, Apt. #, etc.	sea Marsh Rd. 118 Sea Marsh Rd.			04252007	Chg-LLC	CR2E083 (12/06)		
Amelia Island, FL	Anelia Isl	FL	4. FEI Numb	-551871S	No	plied For t Applicable		
Zip Country 32434	Zip Country 32034		try		e of Status Desired	S5.00 Add		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent Name					
COTTLE, STANLEY H 118 SEA MARSH ROAD			Street Address (P.O. Box Number is Not Acceptable)					
AMELIA ISLAND, FL 32034				<u>-</u>				
				City FL Zip Code				
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
Filing Fee is \$50.00 Due by May 1, 2007						check payable to Department of State		
. MANAGING MEMBERS/MANAGERS 10.					ADDITIONS/C	HANGES		
IIILE MGR NAME COTTLE, STANELY H STREET ADDRESS 118 SEA MARSH ROAD	COTTLE, STANELY H 118 SEA MARSH ROAD STR					☐ Change	☐ Addition	
CITY-ST-ZIP AMELIA ISLAND, FL 32034			-S1-ZIP					
NAME COTTLE, DEBRA L STREET ADDRESS 118 SEA MARSH ROAD	COTTLE, DEBRA L 118 SEA MARSH ROAD SIR		I .			☐ Change	☐ Addition	
TITLE	ANIELIA ISLAND, FL 32034				<u> </u>	☐ Change	Addition	
NAME	NAM						l	
STREET ADDRESS CITY-ST-ZIP			et adoress ST-ZIP					
TITLE NAME	☐ Delete	TITLE	I			Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP			ET ADDRESS ST-ZIP					
TITLE NAME	☐ Delete	TITLE	I			Change	☐ Addition	
STREET ADDRESS		STRE	ET ADDRESS					
CITY-ST-ZIP TITLE	Delete	TITLE	-ST-ZIP		<u></u>	☐ Change	☐ Addition	
NAME	Dolois	NAME					_	
STREET ADDRESS ! CITY-ST-ZIP			ET ADORESS -ST-ZIP					
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.								

4/30/07