


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-02-2007 90348 041 ****50.00

DOCUMENT # L06000073538 1. Entity Name COTTAGE KEEPERS, LLC			
Principal Place of Business 1417 SADLER ROAD UNIT 204 FERNANDINA BEACH, FL 32034		Mailing Address 1417 SADLER ROAD UNIT 204 FERNANDINA BEACH, FL 32034	
2. Principal Place of Business - No P.O. Box # 118 Sea Marsh Rd. Suite, Apt. #, etc.		3. Mailing Address 118 Sea Marsh Rd. Suite, Apt. #, etc.	
City & State Amelia Island, FL Zip Country 32034		City & State Amelia Island, FL Zip Country 32034	
4. FEI Number 20-5518715		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent COTTLE, STANLEY H 118 SEA MARSH ROAD AMELIA ISLAND, FL 32034		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ (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	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COTTLE, STANLEY H 118 SEA MARSH ROAD AMELIA ISLAND, FL 32034 <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	MGR COTTLE, DEBRA L 118 SEA MARSH ROAD AMELIA ISLAND, FL 32034 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Stanley H. Cottle</u> STANLEY H. COTTLE, MGR		Date <u>4/30/07</u> Daytime Phone # <u>904-476-4302</u>	