

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000093721

FILED  
Apr 24, 2007  
Secretary of State

Entity Name: STITCH WIZARD LLC

**Current Principal Place of Business:**

11428 CLEAR CREEK PLACE  
BOCA RATON, FL 33428 US

**New Principal Place of Business:**

**Current Mailing Address:**

11428 CLEAR CREEK PLACE  
BOCA RATON, FL 33428 US

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GRAY, KAREN  
11428 CLEAR CREEK PLACE  
BOCA RATON, FL 33428 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: STITCH WIZARD,  
Address: 11428 CLEAR CREEK  
City-St-Zip: BOCA RATON, FL 3342

Title: MGR ( ) Change (X) Addition  
Name: KRAUSKOPF, KENNETH A  
Address: 400 MDWAY ISLAND  
City-St-Zip: CLEARWATER, FL 33767

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KENNETH A KRAUSKOPF

MGR

04/24/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date