

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000005511

1. Entity Name  
NEVER QUILTS, L.L.C.

Principal Place of Business  
340 S. PALM AVENUE, APARTMENT 83  
SARASOTA FL 34236

Mailing Address  
46 N. WASHINGTON BLVD., #1  
SARASOTA FL 34236

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State

City & State

4. FEI Number	NOT APPLICABLE	Applied For
		Not Applicable

Zip      Country      Zip      Country      5. Certificate of Status Desired       \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent

PATTERSON, JOHN  
46 NORTH WASHINGTON BOULEVARD, SUITE 1  
SARASOTA FL 34236

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.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State  
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAJOIE, ROBERT 340 S. PALM AVE., STE. 83 SARASOTA FL 34236	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Robert E. La Joie*      Z-26-02 (941)365-2691  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)