FILED
May 13, 2003 8:00 am
Secretary of State
05-13-2003 90015 031 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M01000001986

10104520

1. Entity Name
SMALL WORLD IMPORTERS, LLC

Principal Place of Business	Mailing Address
45 COUNTRY CLUB DRIVE EAST DESTIN, FL 32541	45 COUNTRY CLUB DRIVE EAST DESTIN, FL 32541

2. Principal Place of Business	3. Mailing Address
2402 Bloomingdale Ave E	PO Box 6102
Suite, Apt. #, etc. Unit 1008	Suite, Apt. #, etc.
City & State Valrico FL	City & State Brandon FL
Zip 33594 Country Hillsborough	Zip 33508-6002 Country Hillsborough

X CHECK HERE IF MAKING CHANGES

4. FEI Number 98-0354251 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
MILLER, DANA
5177 ELMIRA STREET
MILTON, FL 32570

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

FEE NOW IS $50.00 Make Check Payable to Florida Department of State Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MINISH, CONNIE		NAME		
STREET ADDRESS	PO BOX 1606		STREET ADDRESS		
CITY-ST-ZIP	BRANDON, FL 335086002		CITY-ST-ZIP		
TITLE	MGR	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ROBERTS, KATHIE		NAME		
STREET ADDRESS	PSC 41, BOX 6609		STREET ADDRESS		
CITY-ST-ZIP	APO, AE		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E083 (10/02)

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: Connie Minish 5/5/03 (813) 766-5010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #