2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # M01000002563

1. Entity Name
THE SHUTTER SHOPPE, L.L.C.

Principal Place of Business

9345 INDUSTRIAL TRACE HIGHWAY
ALPHARETTA, GA 30004

Mailing Address

9345 INDUSTRIAL TRACE HIGHWAY
ALPHARETTA, GA 30004

DO NOT WRITE IN THIS SPACE

03082005 No Chg-LLC   CR2E083 (10/03)

4. FEI Number		Applied For
58-2272980		Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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.
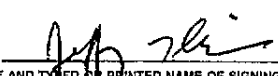
SIGNATURE_____

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, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	HOWE, JAMES
STREET ADDRESS	9345 INDUSTRIAL TRACE HIGHWAY
CITY-ST-ZIP	ALPHARETTA, GA 30004
TITLE	MGR
NAME	HOWE, REBECCA
STREET ADDRESS	9345 INDUSTRIAL TRACE HIGHWAY
CITY-ST-ZIP	ALPHARETTA, GA 30004
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/21/05--80048-108 50.00

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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: _____ 3/8/05 770-410-9525

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #