2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M04000001440

RUE TOULOUSE ANTIQUES, L.L.C.



Principal Place of Business

Mailing Address

944 5TH AVENUE NORTH NAPLES, FL 34102

944 5TH AVENUE NORTH NAPLES, FL 34102

FILED Apr 30, 2007 08:00 Al Secretary of State



04252007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number		LI^t	phied roi
75-2896618		No	t Applicable
5. Certificate of Status Desired		0 Add	ditional

6.	Name and Address of Current Registered Age	nt

OTT, SPENCER V 944 5TH AVE N NAPLES, FL 34102

DO NOT WRITE IN THIS SPACE

		·	
8. The above the obligat	named entity submits this statement for the purpose of char tions of registered agent.	nging its registered office or registered agent, or both, in the State of Florida. I am far	niliar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable,	(NOTE: Registered Agent signature required when reinstating) DATE	
FI	iling Fee is \$50.00 ue by May 1, 2007		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS	MGRM OTT, SPENCER V 520 AUDUBON ST		
CITY-ST-ZIP	NEW ORLEANS, LA 70118	HOODOGTAO	ለ ውጥ
TITLE NAME STREET ADDRESS CITY-ST-ZIP		U00000743 05/15/07-801	463 09-024 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE	,
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			

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: SIGNATURE AND TYPED OR PRINTED NAM