

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90032 033 ****50.00

20050268



DOCUMENT # M04000003334	
1. Entity Name STACK'S SALES EAST COAST LLC	



Principal Place of Business C/O STACK'S RARE COINS 123 WEST 57TH STREET NEW YORK, NY 10019	Mailing Address C/O STACK'S RARE COINS 123 WEST 57TH STREET NEW YORK, NY 10019
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2. Principal Place of Business STACK'S SALES EAST COAST, LLC.		3. Mailing Address	
Suite, Apt. #, etc. 800 W. CYPRESS CREEK RD - SUITE # 530		Suite, Apt. #, etc.	
City & State FT. LAUDERDALE, FL		City & State	
Zip 33309	Country U.S.A	Zip	Country

01042005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-1600459	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent NATIONAL CORPORATE RESEARCH, LTD., INC. 103 N. MERIDIAN STREET TALLAHASSEE, FL 32301	
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7. Name and Address of New Registered Agent	
Name HAROLD R. MARTIN	
Street Address (P.O. Box Number is Not Acceptable) 9765 NAPOLI WOODS LN	
City DELRAY BEACH	FL Zip Code 33446

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 	DATE 4/26/05

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

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR STACK, LAWRENCE R 123 WEST 57TH STREET NEW YORK, NY 10019 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR O'HIGGINS, MICHAEL 8620 GEORGIA AVENUE SILVER SPRING, MD 20910 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MUNOZ-BUCHMOYER, DIEDRE 8620 GEORGIA AVENUE SILVER SPRING, MD 20910 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 	DATE 4/26/05	Daytime Phone # 561-504-8496
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE