

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 25, 2006 8:00 am**  
**Secretary of State**

05-25-2006 90118 016 \*\*\*\*55.00

<b>DOCUMENT # M98000000763</b>					
<b>1. Entity Name</b> MARY STARNES' SHOP, L.L.C.					
<b>Principal Place of Business</b> <del>10934 INTRACOASTAL SOUND DR.</del> <del>JACKSONVILLE, FL 32224</del>			<b>Mailing Address</b> <del>10934 INTRACOASTAL SOUND DR.</del> <del>JACKSONVILLE, FL 32224</del>		
<b>2. Principal Place of Business</b> 4944 Arapahoe Avenue Suite, Apt. #, etc.			<b>3. Mailing Address</b> 4944 Arapahoe Avenue Suite, Apt. #, etc.		
<b>City &amp; State</b> Jacksonville, FL Zip: 32210 Country: USA		<b>City &amp; State</b> Jacksonville, FL Zip: 32210 Country: USA		<b>4. FEI Number</b> 62-1747227 <b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				02282006    Chg-LLC    CR2E083 (11/05)	
<b>6. Name and Address of Current Registered Agent</b> MCCABE, BETH <del>10934 INTRACOASTAL SOUND DR.</del> <del>JACKSONVILLE, FL 32224</del>			<b>7. Name and Address of New Registered Agent</b> Name: _____ Street Address (P.O. Box Number is Not Acceptable): 4944 Arapahoe Avenue City: Jacksonville    FL    Zip Code: 32210		
<b>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.</b> SIGNATURE: <u>Beth McCabe</u> Beth McCabe    5-24-06 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small>					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2008</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	MGR STARNES KING, MARY <del>10934 INTRACOASTAL SOUND DR.</del> <del>JACKSONVILLE, FL 32224</del>	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	4944 Arapahoe Avenue Jacksonville, FL. 32210	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	MGRM STARNES KING, WILLIAM 37 WINDSPRAY COURT SANTA ROSA BEACH, FL 32459	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>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.</b>					
<b>SIGNATURE:</b> <u>Mary Starnes King</u> Mary Starnes King    5-24-06 (904) 381-9696 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE    Date    Daytime Phone #</small>					