
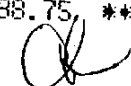


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>FILING FEE</b> Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee <b>\$ 188.75</b> Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company <b>THE MISTLETOE SHOP, L.L.C.</b> 27241 Bay Landing Drive, #9 Bonita Springs, Florida 34135		<b>DOCUMENT #</b> M98000001400	
2. Principal Place of Business <b>The Mistletoe Shop</b> Suite, Apt. #, etc. #9 27241 Bay Landing Drive City & State Bonita Springs, FL Zip 34135 Country USA		2a. Mailing Address <b>The Mistletoe Shop</b> Suite, Apt. #, etc. 27241 Bay Landing Dr. #9 City & State Bonita Springs, FL Zip 34135 Country USA	
3. Date Organized or Qualified 11/18/98		3a. State of Formation ALABAMA	
4. FEI Number EIN-63-1212980		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report N/A		6. Certificate of Status Desired N/A \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM</b> 1200 South Pine Island Road Plantation, Florida 33324		8. Name and Address of New Registered Agent/Office Name Not applicable Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE <b>NOT APPLICABLE</b> DATE <b>5/27/99</b> <small>(Registered Agent Accepting Appointment) NOTE: Registered Agent signature required when resigning.</small>			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
ing. Mbr	Charlotte A. Lowder	27241 Bay Landing Dr. #9	Bonita Springs, FL 3413
Mbr	Catherine L. Struble	27241 Bay Landing Dr. #9	Bonita Springs, FL 3413
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11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.

**SIGNATURE:** **CHARLOTTE A. LOWDER, Managing Member**  


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

City or Phone #