

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90592 001 ***450.00

DOCUMENT # L01000022518
1. Entity Name
 TEX-MEM BABYUNIVERSE II, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
16410 MADDALENA PLACE DELRAY BEACH, FL 33446		16410 MADDALENA PLACE DELRAY BEACH, FL 33446	
City & State 561.496.2123 (fax) 561.496.6244		City & State 561.496.2123 (fax) 561.496.6244	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **JEFFREY KUKES**

Street Address (P.O. Box Number is Not Acceptable)
**16410 MADDALENA PLACE
 DELRAY BEACH, FL 33446**

City **561.496.2123** **FL** Zip Code
 (fax) 561.496.6244

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.

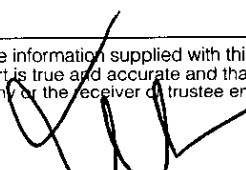
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JJK MANAGER, INC. 16410 MADDALENA PLACE DELRAY BEACH, FL 33446	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E089B (12/01)

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:  **JEFFREY KUKES, PRESIDENT** Date **4/10/02** Daytime Phone # **561-496-2123**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE