


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 26, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # L02000011319  
 1. Entity Name  
 ORIGINAL IMPRESSIONS, LLC



Principal Place of Business 12900 SW 89TH CT MIAMI, FL 33176	Mailing Address 12900 SW 89TH CT MIAMI, FL 33176
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DO NOT WRITE IN THIS SPACE



01232004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 03-0446119	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MIAMI CENTER REGISTERED AGENTS, LLC  
 201 S. BISCAYNE BLVD., STE. 1700  
 MIAMI, FL 33131

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$50.00**  
**Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GARCIA, ROLAND B 12900 SW 89 CT MIAMI, FL 33176
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U00000013278  
 01/26/04-80047-009 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 60B, Florida Statutes.

SIGNATURE: *Roland B. Garcia* ROLAND B. GARCIA 1/23/04  
 (305) 233-1322  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #