

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000016882

FILED
Jan 18, 2005
Secretary of State

Entity Name: 108 BEADS, LLC.

Current Principal Place of Business:

799 E. OAKLAND PARK BLVD.
OAKLAND PARK, FL 33334

New Principal Place of Business:

Current Mailing Address:

799 E. OAKLAND PARK BLVD.
OAKLAND PARK, FL 33334

New Mailing Address:

FEI Number: 52-2367029

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUKHU, LEELA
10722 NW 1ST COURT
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

SUKHU, SATTYA
799 E. OAKLAND PARK BLVD.
OAKLAND PARK, FL 33334 US

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: SATTYA SUKHU

01/18/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: SUKHU, LEELA R
Address: 10722 NW 1ST COURT
City-St-Zip: PLANTATION, FL 33324

Title: MGR () Delete
Name: SUKHU, ANAND
Address: 10722 NW 1ST COURT
City-St-Zip: PLANTATION, FL 33324

Title: MGR () Delete
Name: SUKHU, SATTYA
Address: 2131 N. OCEAN BLVD. #14
City-St-Zip: FORT LAUDERDALE, FL 33305

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: SATTYA SUKHU

MGR

01/18/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date