2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 22, 2004 8:00 am
Secretary of State

04-07-2004 90350 030 ****50.00

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07092004 Chg-LLC CR2E083 (10/03)

DOCUMENT # L03000005161

1. Entity Name
TAGUA-IVORY PRODUCTS, LLC

Principal Place of Business	Mailing Address
136 GIMPY GULCH DRIVE ISLAMORADA, FL 33036	136 GIMPY GULCH DRIVE ISLAMORADA, FL 33036

2. Principal Place of Business		3. Mailing Address	
1024 SNAPPER LANE		1024 SNAPPER LANE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: KEY LARGO, FL		City & State: KEY LARGO, FL	
Zip: 33037	Country: MONROE	Zip: 33037	Country: MONROE

4. FEI Number 37-1459607 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STRANG, CLARICE R 136 GIMPY GULCH DRIVE ISLAMORADA, FL 33036	Name Street Address (P.O. Box Number is Not Acceptable) 1024 SNAPPER LANE City KEY LARGO FL Zip Code 33037

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 [signature] July 9 2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 8, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Director STRANG, CLARICE R. 1024 SNAPPER LANE KEY LARGO, FL 33037	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] July 9 2004 (305)3935665
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #