


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90118 023 ****50.00

DOCUMENT # L03000043446

1. Entity Name
BOSTON STYLE, LLC



Principal Place of Business
 321 JEFFERSON ST, 2ND FLOOR
 HOLLYWOOD, FL 33019

Mailing Address
 321 JEFFERSON ST, 2ND FLOOR
 HOLLYWOOD, FL 33019

24062878



2. Principal Place of Business
18851 N.E. 29th AVE.

3. Mailing Address
18851 N.E. 29th AVE

Suite, Apt. #, etc.
722

Suite, Apt. #, etc.
722

City & State
AVENTURA, FLA.

City & State
AVENTURA, FLA.

Zip
33180

Country
U.S.A.

Zip
33180

Country
U.S.A.

04272004 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent

ROUSSO, MARK E ESQ
 18851 NE 29TH AVE, STE 900
 AVENTURA, FL 33180

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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, 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 May 1, 2004**

**Make check payable to:
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GROSSKOPF, MANUEL 321 JEFFERSON ST, 2ND FLOOR HOLLYWOOD, FL 33019 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>18851 N.E. 29th AVE, #722</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>AVENTURA, FLA. 33180</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FISCHER, WALTER 321 JEFFERSON ST, 2ND FLOOR HOLLYWOOD, FL 33019 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>18851 N.E. 29th AVE, #722</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>AVENTURA, FLA. 33180</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SOTOLONGO, DAISY M 321 JEFFERSON ST, 2ND FLOOR HOLLYWOOD, FL 33019 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>18851 N.E. 29th AVE, #722</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>AVENTURA, FLA. 33180</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #