


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

(*) *D.C. / Not Receive*
FILED
Jun 06, 2005 08:00 AM
Secretary of State
CARD

DOCUMENT # L00000000783 1. Entity Name 100 SW 5TH STREET COMPANY, LC	
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Principal Place of Business 100 SW 5TH ST. POMPANO BEACH, FL 33060	Mailing Address 100 SW 5TH ST. POMPANO BEACH, FL 33060
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05312005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0973827	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 TREIBER, KEITH H 100 SW 5TH ST. POMPANO BEACH, FL 33060
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**DO NOT WRITE
IN THIS SPACE**

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 re-stating) DATE

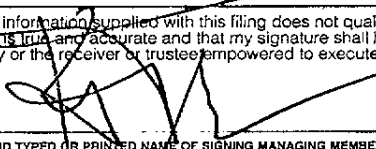
**Filing Fee is \$50.00
Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR AMERICAN LOGOWEAR.COM 100 SW 5TH ST POMPANO BEACH, FL 33060
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06/06/05-80002-008 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b) 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, OR AUTHORIZED REPRESENTATIVE

5/31/05
Date Daytime Phone #