2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2006
Secretary of State

DOCUMENT# L02000006373

Entity Name: A GIRL'S BEST FRIEND, LLC

Current Principal Place of Business:

11 111 BISCAYNE BLVD
#1951
MIAMI, FL 33181

New Principal Place of Business:

Current Mailing Address:

11 111 BISCAYNE BLVD
#1951
MIAMI, FL 33181

New Mailing Address:

FEI Number: 01-0616211 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KOSSOFF, SCOTT ANN
11 111 BISCAYNE BLVD
#1951
MIAMI, FL 33181 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	KOSSOFF, SCOTT A	
Address:	11 111 BISCAYNE BLVD, #1951	
City-St-Zip:	MIAMI, FL 33181	
Title:	MGRM	( ) Delete
Name:	WOLFSON, RONNIE H	
Address:	11 111 BISCYANE BLVD #657	
City-St-Zip:	MIAMI, FL 33181	
Title:	MGRM	( ) Delete
Name:	LEVINE, GERALDINE	
Address:	11 111 BISCYANE BLVD #918	
City-St-Zip:	MIAMI, FL 33181	

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 Chapter 119, 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: SCOTT A. KOSSOFF MGRM 01/12/2006

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