

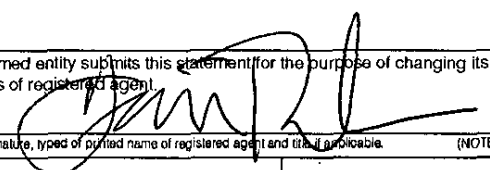
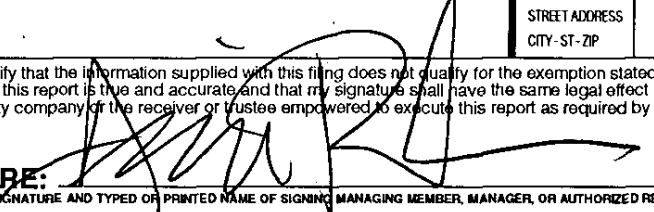


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90021 007 ****50.00

DOCUMENT # L00000003628					
1. Entity Name ATELIER DECOR, L.L.C.					
Principal Place of Business 9858 GLADES ROAD #236 BOCA RATON, FL 33434			Mailing Address 9858 GLADES ROAD #236 BOCA RATON, FL 33434		
2. Principal Place of Business 771 E ATLANTIC AVE Suite, Apt. #, etc. # 2301 City & State DELRAY BEACH, FL Zip 33483 Country USA		3. Mailing Address 4 SAME Suite, Apt. #, etc. City & State Zip Country		24064894 	
04282004 Chg-LLC CR2E083 (10/03)				4. FEI Number 65-0998514 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 PAKRAVAN, TERRI LYNN 9839 PALMA VISTA WAY BOCA RATON, FL 33428	
7. Name and Address of New Registered Agent Name: Terri PAKRAVAN Street Address (P.O. Box Number is Not Acceptable): 371 E. MALORY CIRCLE City: DELRAY BEACH FL Zip Code: 33483				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:  Terri Pakravan 4/28/04 <small>Signature, typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when reinstating) DATE</small>	
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	MGR PAKRAVAN, TERRI LYNN 9839 PALMA VISTA WAY BOCA RATON, FL 33428	<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"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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:  4/28/04 (501) 289-5761 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone</small>					