2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L00000006351

1. Entity Name
STYLES 2000, L.L.C.

Principal Place of Business	Mailing Address
4650 S CLEVELAND AVE UNIT 2B FT MYERS, FL 33907	4650 S CLEVELAND AVE UNIT 2B FT MYERS, FL 33907

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FILED
Mar 22, 2005 08:00 AM
Secretary of State

03052005 No Chg-LLC   CR2E083 (10/03)

4. FEI Number 65-1012721	Applied For
	Not Applicable

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

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6. Name and Address of Current Registered Agent

BUTLER, GAREY F
1625 HENDRY ST
SUITE 301
FT MYERS, FL 33901

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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, 2005

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9.   MANAGING MEMBERS/MANAGERS

TITLE	OWNR
NAME	RENDA, CATHERINE A
STREET ADDRESS	4650 S CLEVELAND AVE SUITE 2B
CITY-ST-ZIP	FT MYERS, FL 33907
TITLE	OWNR
NAME	BREWER, JODI L
STREET ADDRESS	4650 S CLEVELAND AVE SUITE 2B
CITY-ST-ZIP	FT MYERS, FL 33907
TITLE	OWNR
NAME	LYONS, LORI A
STREET ADDRESS	4650 S CLEVELAND AVE SUITE 2B
CITY-ST-ZIP	FT MYERS, FL 33907
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/22/05-80008-002 50.00

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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: ✓ *Jodi Brewer*   ✓ 3-15-05   ✓ 239 274 9495

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #