FILED
Apr 26, 2004 8:00 am
Secretary of State

02-18-2004 90099 039 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000010218

1. Entity Name
ROCK BOTTOM T-SHIRT COMPANY, L.L.C.

34004160

Principal Place of Business	Mailing Address
4903 PEREGRINE WAY SARASOTA, FL 34231	4903 PEREGRINE WAY SARASOTA, FL 34231

02132004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
4903 Peregrine Point Way Suite, Apt. #, etc.		4903 Peregrine Point Way Suite, Apt. #, etc.	
City & State: Sarasota, FL		City & State: Sarasota, FL	
Zip: 34231	Country	Zip: 34231	Country

4. FEI Number: 65-1033731 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MYERS, TROY H JR, ESQ 2033 MAIN STREET, SUITE 600 SARASOTA, FL 34237	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	MGR ACKERMAN, CHARLES 4903 PEREGRINE WAY SARASOTA, FL 34231 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Ackerman, Charles 4903 Peregrine Point Way Sarasota, FL 34231 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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] 2/13/04 941-953-8110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Troy H. Myers, Jr., as authorized representative