

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000001702

FILED
Aug 17, 2004
Secretary of State

Entity Name: GINA.COM, L.L.C.

Current Principal Place of Business:

876 OLEANDER STREET
BOCA RATON, FL 33486

New Principal Place of Business:

506 ANDREWS AVENUE
DELRAY BEACH, FL 33483

Current Mailing Address:

876 OLEANDER STREET
BOCA RATON, FL 33486

New Mailing Address:

506 ANDREWS AVENUE
DELRAY BEACH, FL 33483

FEI Number: 65-1070906

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BENDER, GINA
876 OLEANDER STREET
BOCA RATON, FL 33486 US

Name and Address of New Registered Agent:

BENDER, GINA
506 ANDREWS AVENUE
DELRAY BEACH, FL 33484 US

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: GINA BENDER

08/17/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: BENDER, GINA R
Address: 876 OLEANDER STREET
City-St-Zip: BOCA RATON, FL 33486

Title: MGR () Delete
Name: BENDER, GARRETT M
Address: 876 OLEANDER STREET
City-St-Zip: BOCA RATON, FL 33486

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BENDER, GINA R
Address: 506 ANDREWS AVENUE
City-St-Zip: DELRAY BEACH, FL 33483

Title: MGR (X) Change () Addition
Name: BENDER, GARRETT M
Address: 506 ANDREWS AVENUE
City-St-Zip: DELRAY BEACH, FL 33483

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GINA BENDER

MGR

08/17/2004

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