2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L01000003037

1. Entity Name
GIRAFFE, LLC

24060947

Principal Place of Business	Mailing Address
~~1101 NW 119TH AVE.~~ 2741 NE 8th Ct ~~CORAL SPRINGS, FL 33071~~ Pompano Beach FL 33062	~~1101 NW 119TH AVE.~~ 2741 NE 8th Ct ~~CORAL SPRINGS, FL 33071~~ Pompano Beach FL 33062

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04192004 No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
65-1088586	Not Applicable

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

6. Name and Address of Current Registered Agent

MCPHARLIN, WILLIAM J
3015 NO. OCEAN DR.
SUITE 122
FORT LAUDERDALE, FL 33308

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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, 2004

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ABOUD, M. JENNIFER
STREET ADDRESS	~~1101 NW 119TH AVE.~~ 2741 NE 8th Ct
CITY-ST-ZIP	~~CORAL SPRINGS, FL 33071~~ Pompano Beach FL 33062

TITLE	
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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.

954-359-3825

SIGNATURE: _____ M. Jennifer Aboud   4/23/04

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