## 2006 LIMITED LIABILITY COMPANY

	ANNUAL	. KEPUKI						
DOCUMENT # L0100007219  1. Entity Name ISLAND STUFF USA LLC				SECRETAF DIVISION OF 06 MAY - I				
Principal Place	e of Business	Mailing Address				•		
· ·		1875 NE 149TH ST.						
NORTH MIAMI, FL 33181 NORTH MIAMI, FL 3318		81	h//					
	., =	·		<b>NX</b>				
2. Principal Place of Business 3. Mailing Address								
Suite, Apt. #, etc. Suite, Apt. #, etc.			04182006 Chg-	LLC CF	R2E083 (11/05)			
City & State City & State			4. FEI Number		I IAni	plied For		
,		only a state		65-1098465		<b>→</b>	t Applicable	
Zip Country Zi		Zip	Zip Country			\$5.00		
•		'	•	5. Certificate of Status	Desired [	Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent					
			Name					
ROSS, ST			Ctroat Addre	Street Address / D.O. Bay Number is Not Assessable)				
1875 NE 1			Sileet Addres	Street Address (P.O. Box Number is Not Acceptable)				
NORTH MIAMI, FL 33181							·	
			City			FL Zip Code	<del>)</del>	
8. The above	named entity submits this statement f	or the purpose of changing its	registered office or regi	stered agent, or both, in the	State of Florida.	Lam familiar with	and accept	
	ions of registered agent.					,		
SIGNATURE .			٨					
SIGNATURE.	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE	: Registered Agent algnature req	ulred when reinstating)		DATE		
	iling Fee is \$50.00	-	er en			ck payable to		
Di	ue by May 1, 2006			*.	Florida Dep	artment of State	" - " - "	
9.	MANAGING MEMB	FRS/MANAGERS	10.	Δ	DDITIONS/CHAI	NGES		
TITLE	MGR	☐ Delete	TITLE		DOMOND/CHA	☐ Change	☐ Addition	
NAME	ROSS, STEVEN	La belete	NAME			Change	- Modition	
STREET ADDRESS	1875 NE 149TH ST.		STREET ADDRESS	2000	74150	1432		
CITY-ST-ZIP	NORTH MIAMI, FL 33181		CITY-ST-ZIP	2000 95/08/06	0101601	2 ***200.0	0	
TITLE		☐ Delete	TITLE			☐ Change	Addition	
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CITY-ST-ZIP			CITY-ST-ZIP	•	,			
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TITLE		□ Datata	■ IIII • ·			☐ Change	Addition	
TITLE NAME		☐ Delete	TITLE NAME					
		Delete		· • · · · · · · · · · · · · · · · · · ·		-	-	
NAME		☐ Delete	NAME	Company Company Commen			•	
NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied with		NAME STREET ADDRESS CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	Statistics I frombor	certify that the infe	rmation	
STREET ADDRESS CITY-ST-ZIP  11. I hereby of indicated	certify that the information supplied will on this report is true and accurate an	th this filing does not qualify for	NAME STREET ADDRESS CITY-ST-ZIP The exemptions contain the same legal effect as	ned in Chapter 119, Florida 9	Statutes, I further m a managing rr	certify that the info	rmation r of the	
STREET ADDRESS CITY-ST-ZIP  11. I hereby of indicated	certify that the information supplied will on this report is true and accurate an ability company or the receiver or truste	th this filing does not qualify for	NAME STREET ADDRESS CITY-ST-ZIP The exemptions contain the same legal effect as	ned in Chapter 119, Florida 9	Statutes. I further m a managing m	certify that the information	rmation r of the	
NAME STREET ADDRESS CITY-ST-ZIP  11. I hereby of indicated	I on this report is true and accurate an	th this filing does not qualify for	NAME STREET ADDRESS CITY-ST-ZIP The exemptions contain the same legal effect as	ned in Chapter 119, Florida 9	Statutes. I further Im a managing rr	certify that the info nember or manage	rmation r of the	
NAME STREET ADDRESS CITY-ST-ZIP  11. I hereby of indicated	I on this report is true and accurate and billity company or the receiver or truste	th this filing does not qualify for d that my signature shall have see empowered to execute this	NAME STREET ADDRESS CITY-ST-ZIP The exemptions contain the same legal effect as report as required by Cl	ned in Chapter 119, Florida S if made under oath; that I a hapter 608, Florida Statutes.	Statutes. I further im a managing in	certify that the info nember or manage	rmation of the	