

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

REJECTED

L01000012995

FILED

SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 AUG 24 AM 9:37

DOCUMENT # L01000012995	
1. Entity Name INTERNATIONAL BOTANICALS, L.L.C.	



Principal Place of Business 12801 SW 224TH ST MIAMI FL 33170	Mailing Address PO BOX 700393 MIAMI FL 33170
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2. Principal Place of Business 18201 SW 184th ST Suite, Apt. #, etc.	3. Mailing Address SAME
City & State MIAMI, FL	City & State SAME
Zip 33187	Country U.S.A.



1st MOORE CR2E083 (10/04)

4. FEI Number 65-1129330	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent JENSEN, RALPH 2645 S. BAYSHORE DR., UNIT 2003 MIAMI FL 33133	
7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JENSEN, RALPH 12801 SW 224 STREET MIAMI FL 33170	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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700059138207
08/30/05--01058--008 **\$50.00

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 AND TYPED OR PRINTED NAME OF SIGNER: MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date _____ Daytime Phone # _____