## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L01000017526

1. Entity Name

DENIM OUTLET, LLC



Principal Place of Business

7509 EXCHANGE DRIVE ORLANDO, FL 32809

Mailing Address

7509 EXCHANGE DRIVE ORLANDO, FL 32809

## FILED Apr 29, 2005 8:00 am Secretary of State

04-29-2005 90049 011 \*\*\*\*50.00



04112005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number	 		Applied For
59-3750379			Not Applicable
5. Certificate of Status Desired	\$5.0	00	Additional

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

HARBERT, THOMAS R ESQ. MATEER & HARBERT, P.A. 225 EAST ROBINSON ST., STE. 600 ORLANDO, FL 32801

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of changions of registered agent.	ging its registere	d office or registered agent, or both, in the State	of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title it applicable.	(NÖTÉ: Registered	Agent signature required when reinstating)	DATE
F	iling Fee is \$50.00 ue by May 1, 2005			
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STEINFELD, VERA J 2 7509 EXCHANGE DRIVE ORLANDO, FL 32809			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT	WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS	SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				

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: \_\_\_\_\_

NAME STREET ADDRESS CITY-ST-ZIP

NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-13-05

407-859-6634

Date

Daytime Phone #