

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 10, 2002 8:00 am
Secretary of State

06-10-2002 90119 036 ****50.00

DOCUMENT # L01000017790

1. Entity Name
"MEN" ONLY CONSIGNMENT, LLC
105 South 3rd Street
Lantana, Florida 33462

DO NOT WRITE IN THIS SPACE

968809

2. Principal Place of Business
105 S. 3rd Street
Suite, Apt. #, etc.

3. Mailing Address
105 S. 3rd Street
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Lantana, Florida		City & State Lantana, Florida		4. FEI Number 65-1150952	Applied For Not Applicable
Zip 33462	Country USA	Zip 33462	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Elizabeth Isolini
Street Address (P.O. Box Number is Not Acceptable)
3570 S. Ocean Blvd.
City
Palm Beach FL Zip Code
33480

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

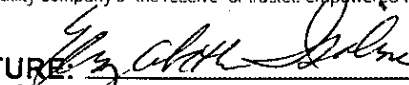
FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	Managing Member Elizabeth Isolini 3570 S. Ocean Blvd Palm Beach, Florida 33480
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  Elizabeth Isolini 6/06/02 561-493-9990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E0835 (12/01)