


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

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90062 010 \*\*\*\*50.00

<b>DOCUMENT #</b> <u>LO1000019466</u>	
<b>1. Entity Name</b> <u>Suede Shoe Studios LLC</u>	

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**24055691**

<b>2. Principal Place of Business</b> <u>1672 CR 427</u> Suite, Apt. #, etc.	<b>3. Mailing Address</b> <u>Same</u> Suite, Apt. #, etc.
<b>City &amp; State</b> <u>Longwood, FL</u>	<b>City &amp; State</b> <u>Longwood, FL</u>
<b>Zip</b> <u>32750</u> <b>Country</b> <u>USA</u>	<b>Zip</b> <u>32750</u> <b>Country</b> <u>USA</u>

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<b>DO NOT WRITE IN THIS SPACE</b>	<b>4. FEI Number</b> <u>020539525</u>	<b>Applied For</b> <input type="checkbox"/> Not Applicable
	<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
	<b>7. Name and Address of Current Registered Agent</b>	
	<b>Name</b> <u>Spiegel &amp; Utrera, P.A.</u> <b>Street Address (P.O. Box Number is Not Acceptable)</b> <u>1840 Coral Way, 4th Floor</u> <b>City</b> <u>FL</u> <b>Zip Code</b>	

**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]*  
Signature, typed or printed name of registered agent and title if applicable.

4/22/04  
DATE

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
DUE BY MAY 1**

<b>9. MANAGING MEMBERS/MANAGERS</b>			
<b>TITLE</b> <u>President</u>	<b>NAME</b> <u>Jeffrey WARD</u>	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b> <u>1672 CR 427</u>	<b>STREET ADDRESS</b> <u>Longwood, FL 32750</u>	<b>STREET ADDRESS</b>	<b>STREET ADDRESS</b>
<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b> <u>Vice President</u>	<b>NAME</b> <u>Tammy Bennett</u>	<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b> <u>1672 CR 427</u>	<b>STREET ADDRESS</b> <u>Longwood, FL 32750</u>	<b>STREET ADDRESS</b>	<b>STREET ADDRESS</b>
<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>
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<b>TITLE</b>	<b>NAME</b>	<b>TITLE</b>	<b>NAME</b>
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<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>

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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.**

**SIGNATURE:**

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/22/04

DATE

407-687-8451

Daytime Phone #

CR2E083B (12/02)