## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## Jun 21, 2004 8:00 am DOCUMENT # L01000021317 **Secretary of State** 1. Entity Name 06-21-2004 90140 009 \*\*\*\*55.00 ECCLESTONE INTERIORS, LLC Principal Place of Business Mailing Address 357 HIATT DRIVE 357 HIATT DRIVE . 4064'T94 PALM BEACH GARDENS FL 33418 PALM BEACH GARDENS FL 33418 3. Mailing Address 2. Principal Place of Business 8895 N. Military Trail 8895 N. Military Trail Suite, Apt. #, etc. Suite, Apt. #. etc. MOORE CR2E083 (11/03) Suite #101B Suite #101B City & State Palm Beach Gardens, FL Applied For City & State Palm Beach Gardens, FL 4. FEI Number 65-1159097 Not Applicable Zip 33410 Country \$5.00 Additional 5. Certificate of Status Desired 33410 Palm Beach Palm Beach Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name E- Llwyd Ecclestone, III ECCLESTONE III. E LLWYD Street Address (P.O. Box Number is Not Acceptable) 357 HIATT DRIVE 8895 N. Military Trail STE A PALM BEACH GARDENS FL 33418 Suite 101B Zip Code Palm Beach Gardens 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. the obligations of registered agent. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. Change ☐ Addition MGRM Delete TITLE TITLE MGRM NAMÉ NAME ECCLESTONE, E. L III E. Llwyd Ecclestone, III STREET ADDRESS STREET ADDRESS 357 HIATT DRIVE STE A 8895 N. Military Trail, 101B CITY-ST-ZIP PALM BEACH GARDENS FL 33418 CITY-ST-ZIP Palm Beach Cardens, FL 33410 TITLE ☐ Change ☐ Addition ☐ Delete THILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-7IP ☐ Delete Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 eath; 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.

FILED

6/18/04

Date

Daytime Phone #