2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000021651

Entity Name: MADAME'S, LLC

City-St-Zip:

FORT LAUDERDALE, FL 33304

FILED Jan 21, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 239 SUNNY ISLES BEACH BLVD SUNNY ISLES BEACH, FL 33160 **Current Mailing Address: New Mailing Address:** 239 SUNNY ISLES BEACH BLVD SUNNY ISLES BEACH, FL 33160 FEI Number: 65-1158547 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SLIMAN, JASON 16950 N BAY RD #2503 SUNNY ISLES BEACH, FL 33160 US 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES: Title: () Change () Addition () Delete PEREZ. RUBIN Name: Name: Address: 1865 79TH STREET CAUSEWAY, APT. 7C Address: City-St-Zip: NORTH BAY VILLAGE, FL 33141 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: SLIMAN, JASON Name: Address: 16950 N BAY RD APT 2503 Address: City-St-Zip: SUNNY ISLES BEACH, FL 33160 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition LYMAN, BUFF Name: Name: Address: 1336 NE 14TH AVE Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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.

City-St-Zip:

SIGNATURE: JASON SLIMAN OWNE 01/21/2005