

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L01000022518

1. Entity Name

TEX-MEM BABYUNIVERSE II, LLC



Principal Place of Business

16410 MADDALENA PLACE  
DELRAY BEACH, FL 33446

Mailing Address

16410 MADDALENA PLACE  
DELRAY BEACH, FL 33446

**FILED**

04 FEB 17 AM 10:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



02052004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
75-2990417

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

KUKES, JEFFREY  
16410 MADDALENA PLACE  
DELRAY BEACH, FL 33446

**DO NOT WRITE  
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
JJK MANAGER, INC.  
16410 MADDALENA PLACE  
DELRAY BEACH, FL 33446

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

600028925076  
02/17/04--01028--014 \*\*600.00

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

JEFFREY KUKES  
16410 MADDALENA PLACE  
DELRAY BEACH, FL 33446

561.496.2123

(fax) 561.496.6244