


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 07, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> L02000003111 <b>1. Entity Name</b> TOMMY SCISSOR'S ENTERPRISES, LLC	
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<b>Principal Place of Business</b> 203 SE 1ST AVE. BOCA RATON, FL 33432	<b>Mailing Address</b> 203 SE 1ST AVE. BOCA RATON, FL 33432
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**DO NOT WRITE IN THIS SPACE**



03182005No Chg-LLC

CR2E083 (10/03)

<b>4. FEI Number</b> 01-0721473	<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>6. Name and Address of Current Registered Agent</b>  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	<b>DO NOT WRITE IN THIS SPACE</b>
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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, 2005**

000000371271  
07/07/05-80010-009 50.00

<b>9. MANAGING MEMBERS/MANAGERS</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	MGRM BOTTIGLIA, THOMAS 2904 CONGRESSIONAL WAY DEERFIELD BEACH, FL 33442
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	MGRM KATZ, MARVIN 2555 NE 11TH ST #710 FORT LAUDERDALE, FL 33304
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	

**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)(f), 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

**7-5-05** **(561) 395-4450**  
Date Daytime Phone #