


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 13, 2004 8:00 am**  
**Secretary of State**

02-13-2004 90072 042 \*\*\*\*55.00

|  |   |         |  |   |  |
|--|---|---------|--|---|--|
| <b>DOCUMENT # L02000004493</b>   |   |         |  |  |  |
| <b>1. Entity Name</b><br>HOUSE OF THAILAND LLC   |   |         |  |   |  |
| <b>Principal Place of Business</b><br>7080 NW 50TH STREET<br>MIAMI, FL 33166   |   |         | <b>Mailing Address</b><br>7080 NW 50TH STREET<br>MIAMI, FL 33166 |   |  |
| <b>2. Principal Place of Business</b>  |   |         | <b>3. Mailing Address</b>  |   |  |
| Suite, Apt. #, etc.  |   |         | Suite, Apt. #, etc.  |   |  |
| City & State   |   |         | City & State   |   |  |
| Zip  |   | Country |  | Zip   |  |
| Country  |   | Country |  | Country   |  |
| <b>6. Name and Address of Current Registered Agent</b>   |   |         |  | <b>7. Name and Address of New Registered Agent</b>                                |  |
| STROOT, BRAM G<br>7080 NW 50TH STREET<br>MIAMI, FL 33166   |   |         |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City                |  |
| FL   |   |         |  | 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.</b>   |   |         |  |   |  |
| <b>SIGNATURE</b>   |   |         |  |   |  |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)   |   |         |  |   |  |
| DATE   |   |         |  |   |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2004</b>  |   |         | <b>Make check payable to<br/>Florida Department of State</b>     |   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |   |         |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>SRISURCHART, DIREK<br>7080 NW 50TH STREET<br>MIAMI, FL 33166 <input checked="" type="checkbox"/> Delete |         |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>DOERGA, TURHANE M<br>7080 NW 50TH STREET<br>MIAMI, FL 33166 <input type="checkbox"/> Delete             |         |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>STROOT, BRAM G<br>7080 NW 50TH STREET<br>MIAMI, FL 33166 <input type="checkbox"/> Delete                |         |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>ESCOBAR, MARCELLA<br>7080 NW 50TH STREET<br>MIAMI, FL 33166 <input type="checkbox"/> Delete             |         |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |         |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |         |  |   |  |
| <b>10. ADDITIONS/CHANGES</b>   |   |         |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |         |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |         |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |         |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |         |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |         |  |   |  |
| <b>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.</b> |   |         |  |   |  |
| <b>SIGNATURE:</b>  |   |         |  |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |   |         |  |   |  |
| Date   |   |         |  |   |  |
| Daytime Phone #  |   |         |  |   |  |

02-09-2004 305 470 7513