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## ANNUAL REPORT **DOCUMENT # L02000006841** AWESOME EMBROIDERY LLC Principal Place of Business Mailing Address

**FILED** Mar 28, 2005 8:00 am Secretary of State 03-28-2005 90293 039 \*\*\*\*50.00

#2 #2		8794 SW 132 STREET #2 MIAMI, FL 33176 US		 
DO NOT WRITE IN THIS SPAC			CE	02052005 No Chg-LLC CR2E083 (10/03)  4. FEI Number Applied For Not Applicable  5. Certificate of Status Desired S5.00 Additional Fee Required
<del>2511</del> PON SUITE 320	G. Name and Address of Current Rep DOHN'G ESQ. CE DE LEON BLVD. 2555 ABLES, FL 33134-6019	~ =		DO NOT WRITE IN THIS SPACE
8. The above named entity submiss this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered allent.  SIGNATURE  Signature, typed of transd name of registered agent and test appaicable. (NOTE Registered Agent signature required when renstating)  OATE  Filling Fee is \$50.00  Due, by Nay 1, 2005				
3.5	V	•		
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBERS  MGR ERICKSON, EARL 8794 SW 132 STREET  MIAMI, FL 33176	MANAGERS ,		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ERICKSON, LOIS 8794 SW 132 STREET MIAMI, FL 33176			
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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 Statutos. 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Garl M Exickson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE