

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000009335

FILED  
Jul 01, 2004  
Secretary of State

Entity Name: BUTTONS AND ZIPPER ENTERPRISE, LLC

**Current Principal Place of Business:**

426 CLEMATIS STREET  
WEST PALM BEACH, FL 33401

**New Principal Place of Business:**

**Current Mailing Address:**

426 CLEMATIS STREET  
WEST PALM BEACH, FL 33401

**New Mailing Address:**

FEI Number: 04-3677135      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BARNUM, CHARLES F  
426 CLEMATIS STREET  
WEST PALM BEACH, FL 33401      US

**Name and Address of New Registered Agent:**

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:**

Title: P ( ) Delete  
Name: BARNUM, CHARLES  
Address: 426 CLEMATIS ST  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: VP ( ) Delete  
Name: BARNUM, MELANIE  
Address: 426 CLEMATIS ST  
City-St-Zip: WEST PALM BEACH, FL 33401

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: BARNUM, CHARLES  
Address: 426 CLEMATIS ST  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: MGRM (X) Change ( ) Addition  
Name: BARNUM, MELANIE  
Address: 426 CLEMATIS ST  
City-St-Zip: WEST PALM BEACH, FL 33401

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.

SIGNATURE: CHARLES BARNUM

MGR

07/01/2004

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date