


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 28, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000012903</b> 1. Entity Name EVELYN WILK & MICHAEL, TOO, L.L.C.	
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Principal Place of Business 17395 NORTH BAY RD., STE. 104 MIAMI, FL	Mailing Address 17395 NORTH BAY RD., STE. 104 MIAMI, FL 33160
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**DO NOT WRITE IN THIS SPACE**



01302004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 74-3045661	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  LIFSHITZ, AVRAHAM 17395 NORTH BAY RD., STE. 104 MIAMI, FL 33160	<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.

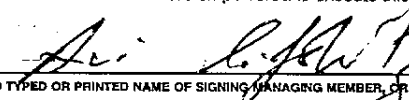
SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LIFSHITZ, AVRAHAM 17395 NORTH BAY RD., STE. 104 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LIFSHITZ, DANA 17395 NORTH BAY RD., STE. 104 MIAMI, FL
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**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.

<b>SIGNATURE:</b> 	<b>2/26/04</b>	<b>305-776-1870</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE</small>	<small>Date</small>	<small>Daytime Phone #</small>