

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L02000012903
 1. Entity Name
 EVELYN WILK & MICHAEL, TOO, L.L.C.



Principal Place of Business Mailing Address
 17395 NORTH BAY RD., STE. 104 17395 NORTH BAY RD., STE. 104
 MIAMI, FL MIAMI, FL 33160

DO NOT WRITE IN THIS SPACE



01302004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 74-3045661	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 LIFSHITZ, AVRAHAM
 17395 NORTH BAY RD., STE. 104
 MIAMI, FL 33160

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

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 03/01/04-80071-021 50.00

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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)(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: *Avi Lifshitz* Date: 2/26/04 Daytime Phone #: 305-776-1870
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE