


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000015280	
1. Entity Name STITCHERS' PARADISE, LLC	

Principal Place of Business 6878 S.W. 89TH TERRACE MIAMI, FL 33156	Mailing Address 6878 S.W. 89TH TERRACE MIAMI, FL 33156
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DO NOT WRITE IN THIS SPACE



01052004No Chg-LLC CR2E083 (10/03)

4. FEI Number 01-0716932	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

BERENFELD, NORMA
6878 SW 89TH TERRACE
MIAMI, FL 33156

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

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

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04/07/04-80021-008 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BERENFELD, NORMA 6878 SW 89 TERRACE MIAMI, FL 33156
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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: *Norma Berenfeld* 4/5/05 (305) 661-8827
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #