
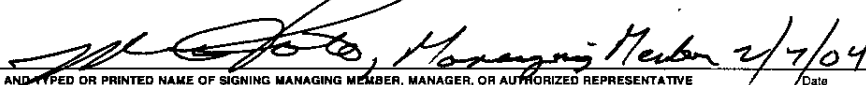


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 20, 2004 8:00 am
Secretary of State

02-20-2004 90124 034 ****50.00

| | | | | | |
|---|--------------------------------------|--|--|---|--|
| DOCUMENT # L02000015834 1. Entity Name AMERICAN APPAREL, LLC | | | |  | |
| Principal Place of Business 1175 N.E. 125TH STREET SUITE 102 NORTH MIAMI, FL 33161 | | | Mailing Address 1175 N.E. 125TH STREET SUITE 102 NORTH MIAMI, FL 33161 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 6. Name and Address of Current Registered Agent TATE, J. KENNETH 1175 N.E. 125TH STREET SUITE 102 NORTH MIAMI, FL 33161 | | | | 7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City FL Zip Code _____ | |
| 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) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small> | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2004 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE | MGRM <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | TATE, J. KENNETH | | NAME | | |
| STREET ADDRESS | 1175 N.E. 125TH STREET SUITE 102 | | STREET ADDRESS | | |
| CITY-ST-ZIP | NORTH MIAMI, FL 33161 | | CITY-ST-ZIP | | |
| TITLE | MGRM <input type="checkbox"/> Delete | | TITLE | MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | TATE, JAMES O | | NAME | James D. Tate | |
| STREET ADDRESS | 1175 N.E. 125TH STREET SUITE 102 | | STREET ADDRESS | 1175 NE 125th Street, Suite 102 | |
| CITY-ST-ZIP | NORTH MIAMI, FL 33161 | | CITY-ST-ZIP | North Miami, FL 33161 | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 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 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:  Date 2/7/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #</small> | | | | | |