## LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # LO200011477 FILED INTUITION BEACHWEAR, LLC 2004 JAN 13 AM 9: 38 DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA DO NOT WRITE IN THIS SPACE 3. Mailing Address
2326 SWANSON AV Principal Place of Business MIAMILFI Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. EELNumber Not Applicable \$5.00 Additional 5. Certificate of Status Desired DADE Fee Required 7. Name and Address of Current Registered Agent DO NOT WRITE IN THIS SPACE 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 regis FEE IS \$50.00 Make Check Payable to Florida Department of State **DUE BY MAY 1** MANAGING MEMBERS/MANAGERS CR2E083B (12/02) PRESIDENT TITLE 500027061465 01/16/04--01004--002 \*\*\$0.00 NAME NAME ENNIFER MATHEWS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS 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** 

MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #