

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 18, 2005 8:00 am**  
**Secretary of State**

01-18-2005 90178 015 \*\*\*\*50.00

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<b>DOCUMENT # L02000020530</b>					
<b>1. Entity Name</b> MODERN BRIDAL SHOP, LLC					
<b>Principal Place of Business</b> 1831 E. COLONIAL DRIVE ORLANDO, FL 32803			<b>Mailing Address</b> 1831 E. COLONIAL DRIVE ORLANDO, FL 32803		
<b>2. Principal Place of Business</b> 1920 E. COLONIAL DR		<b>3. Mailing Address</b> 1920 E. COLONIAL DR			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> ORLANDO FL		<b>City &amp; State</b> ORLANDO FL		<b>4. FEI Number</b> 06-1644369	
<b>Zip</b> 32803		<b>Country</b>		<b>Applied For</b> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  TRAN, LOAN T 1831 E. COLONIAL DRIVE ORLANDO, FL 32803			<b>7. Name and Address of New Registered Agent</b> Name: TRAN LOAN T Street Address (P.O. Box Number is Not Acceptable): 1920 E. COLONIAL DR City: ORLANDO FL Zip Code: 32803		
<b>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.</b> SIGNATURE:  DATE: 1/13/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS / MANAGERS</b>			<b>10. ADDITIONS / CHANGES</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	MGRM TRAN, LOAN T 1831 E. COLONIAL DRIVE ORLANDO, FL 32803		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	MGRM TRAN LOAN T 1920 E. COLONIAL DR ORLANDO FL 32803	
Delete <input type="checkbox"/>			Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>		
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<b>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 606, Florida Statutes.</b>					
<b>SIGNATURE:</b>			Date: 1/13/05 Daytime Phone #: 407-228-1761		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					