


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Feb 13, 2004 08:00 AM  
Secretary of State

<b>DOCUMENT # L02000022332</b> 1. Entity Name <b>THE ACCESSORY GROUP, L.L.C.</b>					
Principal Place of Business <b>24951 OLD US 41 13 &amp; 14 BONITA SPRINGS FL 34135</b>			Mailing Address <b>24951 OLD US 41 13 &amp; 14 BONITA SPRINGS FL 34135</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>54-2070529</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>PARTRIDGE, BETTY 24951 OLD US 41 13 &amp; 14 BONITA SPRINGS FL 34135</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				Applied For <input type="checkbox"/> Not Applicable	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2004</b>					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PARTRIDGE, BETTY 21268 WAYMOUTH RUN ESTERO FL 33928	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000050505 02/16/04-80012-024 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KINGON, ANN 3480 CANDELBERRY COURT BONITA SPRINGS FL 34134	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PURKEY, MARIE 21506 KNIGHTON RUN ESTERO FL 33928	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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)(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.					
<b>SIGNATURE: <u>Betty Partridge</u></b>					
Date: <u>2/10/04</u> (239) 949-1100					