




2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90042 015 ****50.00

DOCUMENT # L02000024773 1. Entity Name CLOSET DEPOT OF TAMPA BAY, L.L.C.					
Principal Place of Business 2336 CAMP INDIANHEAD RD LAND O LAKES, FL 34639			Mailing Address 1802 LAND O LAKES BLVD. LUTZ, FL 33549-2901		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 2336 Camp Indian Head Rd			
City & State Land O LAKES FL		City, Apt. #, etc. Land O LAKES FL		04142004 Chg-LLC CR2E083 (10/03)	
Zip 34639		Country USA		4. FEI Number 43-1977470	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent COHEN, ROBERT F CPA 2918 BUSCH LAKE BLVD. TAMPA, FL 33614			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) DATE _____					
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 NAME STREET ADDRESS CITY-ST-ZIP	MGR YODICE, GARY 2336 CAMP INDIANHEAD RD LAND O LAKES, FL 34639	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR YODICE, JEAN 2336 CAMP INDIANHEAD RD LAND O LAKES, FL 34639	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR YODICE, JEAN 2336 CAMP INDIANHEAD RD LAND O LAKES, FL 34639	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR YODICE, JEAN 2336 CAMP INDIANHEAD RD LAND O LAKES, FL 34639	<input type="checkbox"/> Delete			
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:  4/15/04 813-948-8986					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					