

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000026003

FILED
Apr 25, 2004
Secretary of State

Entity Name: CARINGARMENTS, L.L.C.

Current Principal Place of Business:

1712 ORCHID BEND
WESTON, FL 33327

New Principal Place of Business:

11219 US HIGHWAY 1
NORTH PALM BEACH, FL 33408

Current Mailing Address:

1712 ORCHID BEND
WESTON, FL 33327

New Mailing Address:

11219 US HIGHWAY 1
NORTH PALM BEACH, FL 33408

FEI Number: 45-0488264

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORREA, JOSE N
833 SAVANNAH FALLS DR
WESTON, FL 33327 US

Name and Address of New Registered Agent:

CORREA, JOSE N
1525 N. PARK DR. STE. 101
WESTON, FL 33326 US

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.

SIGNATURE:

04/25/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: ENRQUETA, REY GARCIA
Address: 1712 ORCHID BEND
City-St-Zip: FORT LAUDERDALE, FL 33327

Title: MGRD () Delete
Name: SEEBERGER, ISABEL
Address: 291 CIRCULAR STREET
City-St-Zip: TIFFIN, OH 44883

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ENRQUETA, REY GARCIA
Address: 9777 SCRIBNER LN
City-St-Zip: WELLINGTON, FL 33414

Title: MGR (X) Change () Addition
Name: ACHE, OSCAR
Address: 9777 SCRIBNER LN
City-St-Zip: WELLINGTON, FL 33414

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: OSCAR ACHE

MGR

04/25/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date