2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 13, 2004
Secretary of State

DOCUMENT# L02000026543

Entity Name: SLYX FASHIONS, LLC

Current Principal Place of Business:

7138 CRAWL KZYWAY
LAKE WORTH, FL 33467 US

New Principal Place of Business:

7138 CRAWL KEY WAY
LAKE WORTH, FL 33467 US

Current Mailing Address:

6542 HYPOLUXO ROAD
SUITE 368
LAKE WORTH, FL 33467 US

New Mailing Address:

7138 CRAWL KEY WAY
LAKE WORTH, FL 33467 US

FEI Number: 41-2062913 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CANTOR, LOIDA A
7138 CRAWL KEY WAY
LAKE WORTH, FL 33467 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: CANTOR, LOIDA A
Address: 7848 SONOMA SPRINGS CIR
City-St-Zip: LAKE WORTH, FL 33463

Title: MGRM ( ) Delete
Name: MEDING, NELSON-MARILYN
Address: 5948 NEW 56TH CIR
City-St-Zip: CORAL SPRINGS, FL 33071

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: CANTOR, LOIDA A
Address: 7138 CRAWL KEY WAY
City-St-Zip: LAKE WORTH, FL 33467

Title: MGRM (X) Change ( ) Addition
Name: MEDINA, NELSON-MARILYN
Address: 5948 NW 56TH CIR
City-St-Zip: CORAL SPRINGS, FL 33067

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: LOIDA A. CANTOR MGRM 02/13/2004

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