


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90004 002 ****55.00

DOCUMENT # L02000029986			
1. Entity Name FASHION COLLECTION, LLC			
Principal Place of Business 8246 COASH ROAD SARASOTA FL 34241 <i>new address</i>		Mailing Address 8246 COASH ROAD SARASOTA FL 34241 <i>new address</i>	
2. Principal Place of Business 2121 N. TAMiami TRAIL		3. Mailing Address P.O. Box 4134	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State SARASOTA		City & State FL 34230	
Zip 34234	Country U.S.	Zip 34230	Country U.S.
6. Name and Address of Current Registered Agent MCGEE, JOAN R 8246 COASH ROAD SARASOTA FL 34241		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 <i>Joan R. McGee</i> DATE 5-1-04 <small>Signature typed or printed name of registered agent and fee applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004			
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P JOAN MCGEE, JOHN R 8246 COASH RD. SARASOTA FL 34241 <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	S MCGEE, JOAN 8246 COASH RD. SARASOTA FL 34241 <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.			
SIGNATURE: <i>Joan R. McGee</i>		SIGNATURE: <i>JOAN R MCGEE</i> DATE 5-1-04 DAYTIME PHONE # 941-906 8434	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE DAYTIME PHONE #	