## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **FILED** Feb 14, 2004 08:00 AM Secretary of State

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1. Entity Name CJK COUTURE, L.L.C.



Principal Place of Business

Mailing Address

3900 GALT OCEAN MILE

3900 GALT OCEAN MILE

#1415

9.

STREET ADDRESS CITY-ST-ZIP

FORT LAUDERDALE, FL 33308

#1415 FORT LAUDERDALE, FL 33308



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02092004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 43-1983332

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KOUNARIS, CYNTHIA 3900 GALT OCEAN MILE #1415 FORT LAUDERDALE, FL 33308 DO NOT WRITE IN THIS SPACE

<ol> <li>The above named entity submits this statement for the purpose of chathe obligations of registered agent.</li> </ol>	inging its registered office or registered agent, or both, in	the State of Florida. I am familiar with	i, and accept
SIGNATURE Signature, typed or printed name of registered again and time if applicable.	(NOTE: Registered Agent aigniture required short remissing)	: DATE	
Filing Fee is \$50,00		110000000000	

MANAGING WEMBERS/MANAGERS TITLE KOUNARIS, CYNTHIA NAME 3900 GALT OCEAN DR. #1415 STREET ADDRESS FT. LAUDERDALE, FL 33308 CITY-ST-ZIP TITLE NAME STREET ADDRESS CiTY+ST-ZIP TITLE NAME STREET ADDRESS CITY+ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing coes 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.

OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE SIGNATURE AND TYPE