

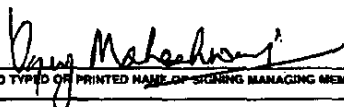


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-06-2004 90128 027 *****50.00

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|---|--|--|---|--|--|
| DOCUMENT # L03000001229 1. Entity Name B I IMPORTS, LLC. | | | |  | |
| Principal Place of Business 4802 SCHOOL ROAD LAND O' LAKES FL 34639 | | | | Mailing Address 4802 SCHOOL ROAD LAND O' LAKES FL 34639 | |
| 2. Principal Place of Business 4802 School Road Suite, Apt. #, etc. LAND O LAKES FL City & State | | 3. Mailing Address Suite, Apt. #, etc. Same City & State | |  | |
| Zip 34639 | | Country | | 4. FEI Number 05-0548322 | |
| 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 MAHESHWARI, VIJAY 4802 SCHOOL ROAD LAND O' LAKES FL 34639 | | | | 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 _____ | | | | | |
| FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 9. MANAGING MEMBERS/MANAGERS </div> <div style="width: 48%;"> 10. ADDITIONS/CHANGES </div> </div> | | | | | |
| TITLE MGRM - OWNER <input type="checkbox"/> Delete NAME MAHESHWARI, VIJAY STREET ADDRESS 4802 SCHOOL ROAD CITY-ST-ZIP LAND O' LAKES FL 34639 | | | TITLE MGR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME DANA BRADLEY STREET ADDRESS 4802 School Road CITY-ST-ZIP LAND O LAKES FL 34639 | | |
| TITLE MGR <input type="checkbox"/> Delete NAME DANA BRADLEY STREET ADDRESS 4802 School Road CITY-ST-ZIP LAND O LAKES FL 34639 | | | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP | | | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP | | |
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| TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP | | | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP | | |
| 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:  | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE _____ Date _____ Daytime Phone # _____ | | | | | |