

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/10.

**FILED**  
**Jun 07, 2004 8:00 am**  
**Secretary of State**

05-10-2004 90010 002 \*\*\*\*50.00

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05052004 Chg-LLC CR2E083 (10/03)

<b>DOCUMENT # L03000003348</b> 1. Entity Name <b>T. ANTHONY IMPORTERS, LLC.</b>																													
Principal Place of Business <b>2265 ALBA WAY DEERFIELD BEACH, FL 33442</b>			Mailing Address <b>2265 ALBA WAY DEERFIELD BEACH, FL 33442</b>																										
2. Principal Place of Business <b>691 EDGEWATER DRIVE</b> Suite, Apt. #, etc.		3. Mailing Address <b>691 EDGEWATER DRIVE</b> Suite, Apt. #, etc.																											
City & State <b>DEERFIELD Bch, FL</b> Zip <b>33442</b>		City & State <b>DEERFIELD Bch, FL</b> Zip <b>33442</b>		4. FEI Number <b>EIN-42-1595162</b>																									
Country <b>USA</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>																									
6. Name and Address of Current Registered Agent  <b>COPPINI, TOM 2265 ALBA WAY DEERFIELD BEACH, FL-33442</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																										
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: <u><i>T. A. Coppini</i></u> <span style="float: right;">DATE</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>																													
<b>Filing Fee is \$50.00 Due by September 8, 2004</b>			<b>Make check payable to Florida Department of State</b>																										
<div style="display: flex;"> <div style="flex: 1;"> <b>9. MANAGING MEMBERS/MANAGERS</b>  <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">PRESIDENT</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>THOMAS A. COPPINI</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>691 EDGEWATER DRIVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DEERFIELD Bch, FL 33442</td> <td></td> </tr> </table> </div> <div style="flex: 1;"> <b>10. ADDITIONS/CHANGES</b>  <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	PRESIDENT	<input type="checkbox"/> Delete	NAME	THOMAS A. COPPINI		STREET ADDRESS	691 EDGEWATER DRIVE		CITY-ST-ZIP	DEERFIELD Bch, FL 33442		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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: <u>Thomas A. Coppini</u> <u><i>T. A. Coppini</i></u> <span style="float: right;">5/5/04 954-427-4098</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone If</small>																													