

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000005446

FILED
Jul 08, 2004
Secretary of State

Entity Name: THE BEST TAN IN TOWN, LLC

Current Principal Place of Business:

4174 ALTON ROAD
MIAMI BEACH, FL 33140

New Principal Place of Business:

200 SE FIRST STREET
SUITE 705
MIAMI, FL 33140

Current Mailing Address:

201 S. BISCAYNE BLVD., SUITE 2000
C/O MARTIN KOFSKY
MIAMI, FL 33131

New Mailing Address:

200 S.E. FIRST STREET SUITE 705
C/O MARTIN KOFSKY
MIAMI, FL 33131

FEI Number: 42-1581980

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOFSKY, MARTIN
201 S. BISCAYNE BLVD., SUITE 2000
MIAMI, FL 33131

Name and Address of New Registered Agent:

KOFSKY, MARTIN
200 S.E. FIRST STREET
SUITE 705
MIAMI, FL 33131

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:

07/08/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: A KOFSKY COMPANY, IN, C.
Address: 200 S.E. FIRST STREET SUITE 705
City-St-Zip: MIAMI, FL 33131

Title: MGRM () Change (X) Addition
Name: R. HAWLEY CO., INC.,
Address: 200 S.E. FIRST STREET SUITE 705
City-St-Zip: MIAMI, FL 33131

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: LISA KOFSKY

MGR

07/08/2004

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