



2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90121 021 ****50.00

DOCUMENT # L03000005840					
1. Entity Name MICHELE B, LLC					
Principal Place of Business 21 S.E. 1 AVENUE 10TH FLOOR MIAMI, FL 33131			Mailing Address 21 S.E. 1 AVENUE 10TH FLOOR MIAMI, FL 33131		
2. Principal Place of Business 2597 NW 31st St Suite, Apt. #, etc.		3. Mailing Address 2597 NW 31st St Suite, Apt. #, etc.			
City & State Boca Raton, Florida		City & State Boca Raton, Florida		4. FEI Number 34-1975293	
Zip 33434		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HART, DAVID J 21 S.E. 1 AVENUE 10TH FLOOR MIAMI, FL 33131				7. Name and Address of New Registered Agent Name: Hart, David J Street Address (P.O. Box Number is Not Acceptable): 2597 NW 31st Street City: Boca Raton FL Zip Code: 33434	
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 _____					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BISMUTH WEINERT, MICHELE 6 RUE DES PRIMEUERES SEURAN, 93270 FRANCE,	<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	MGRM BISMUTH, JACOB 6 RUE DES PRIMEUERES SEURAN, 93270 FRANCE,	<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	MGRM BISMUTH, JACOB 6 RUE DES PRIMEUERES SEURAN, 93270 FRANCE,	<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	MGRM BISMUTH, JACOB 6 RUE DES PRIMEUERES SEURAN, 93270 FRANCE,	<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	MGRM BISMUTH, JACOB 6 RUE DES PRIMEUERES SEURAN, 93270 FRANCE,	<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	MGRM BISMUTH, JACOB 6 RUE DES PRIMEUERES SEURAN, 93270 FRANCE,	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 # _____					