


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90419 009 \*\*\*\*50.00

<b>DOCUMENT # L03000007569</b>	
1. Entity Name <b>CELEBRITY CHEESECAKES, LLC</b>	

Principal Place of Business <b>974 STATE ROAD 7 MARGATE FL 33068</b>	Mailing Address <b>974 STATE ROAD 7 MARGATE FL 33068</b>
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**24043734**



MOORE CR2E083 (11/03)

2. Principal Place of Business <b>6555 Nova Drive</b> Suite/Apt. #, etc. <b>304</b> City & State <b>Norville, FL</b> Zip <b>33317</b> Country <b>USA</b>	3. Mailing Address <b>6555 Nova Drive</b> Suite/Apt. #, etc. <b>304</b> City & State <b>Norville, FL</b> Zip <b>33317</b> Country <b>USA</b>
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4. FEI Number <b>91-2186261</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>HILL, MARLON A ESQ. 1200 BRICKELL AVE. SUITE 950 MIAMI FL 33131</b>
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7. Name and Address of New Registered Agent Name <b>Nancy Becton</b> Street Address (P.O. Box Number is Not Acceptable) <b>2531 Cordoba Bend</b> City <b>Weston</b> FL Zip Code <b>33327</b>
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2004</b>
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9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>Anita Phillips</b> <b>6555 Nova Dr. #304</b> <b>Norville, FL 33317</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice Pres.</b> <b>Einez Yap</b> <b>12131 SW 100 ST.</b> <b>Miami, FL 33186</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secy Treasurer</b> <b>Nancy Becton</b> <b>2531 Cordoba Bend</b> <b>Weston, FL 33327</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>Anita Phillips</b> <b>6555 Nova Dr. #304</b> <b>Norville, FL 33317</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice Pres.</b> <b>Einez Yap</b> <b>12131 SW 100 ST.</b> <b>Miami, FL 33186</b>
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TITLE 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:** Anita Phillips 4/9/04 (954) 625-6920  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #