


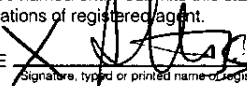
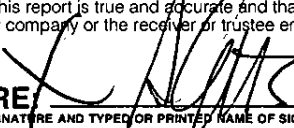
2004 LIMITED LIABILITY COMPANY REINSTATEMENT *

FILED

04 OCT 22 PM 4:04

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJB

DOCUMENT # L03000015073			
1. Entity Name BABY DOLL HOLDINGS, LLC			
Principal Place of Business 2210 DONATO DRIVE BELLEAIR BEACH, FL 33786		Mailing Address 2210 DONATO DRIVE BELLEAIR BEACH, FL 33786	
2. Principal Place of Business		3. Mailing Address 606 Druid Rd. E.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Clearwater, FL	
Zip	Country	Zip	Country
33756	USA	33756	USA
6. Name and Address of Current Registered Agent WATTS, STEPHEN G 809 DRUID ROAD E. CLEARWATER, FL 33756		7. Name and Address of New Registered Agent Name: Stephen G. Watts Street Address: 606 Druid Rd. E. City: Clearwater FL 33756	
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 		DATE 10/18/04	
FILE NOW!!! FEE IS \$50.00 After January 1, 2005, Fee will be \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WATTS, STEPHEN G 809 DRUID ROAD E. CLEARWATER, FL 33756 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Watts, Stephen G. 606 Druid Rd. E. Clearwater, FL 33756 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<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	<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	<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	<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.		* REINSTATEMENT 2004 wo penalty fees	
SIGNATURE 		Date 10/18/04 727-461-3332	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	



10182004 REIN-LLC

CR2E101 (6/04)

10/22

4. FEE Number 83-0369082

Applied For
Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

10/18/04

200042115102
10/22/04--01073--003 **155.00