2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 18, 2004
Secretary of State

DOCUMENT# L03000017480

Entity Name: RENTED LIPS, LLC

Current Principal Place of Business:

1107 SANDHURST DRIVE
TALLAHASSEE, FL 32312 US

New Principal Place of Business:

Current Mailing Address:

1107 SANDHURST DRIVE
TALLAHASSEE, FL 32312 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FORTH, JUANITA
1121 WAVERLY ROAD
TALLAHASSEE, FL 32312 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: CUNNINGHAM, MATTHEW Z
Address: 1107 SANDHURST DRIVE
City-St-Zip: TALLAHASSEE, FL 32312 US

Title: MGR ( ) Delete
Name: FLANIGAN, TOM
Address: 2319 VINCENT
City-St-Zip: TALLAHASSEE, FL 32303 US

Title: MGR (X) Delete
Name: FORTH, JUANITA
Address: 1121 WAVERLY ROAD
City-St-Zip: TALLAHASSEE, FL 32312 US

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change ( ) Addition
Name: FORTH, JUANITA
Address: 1121 WAVERLY ROAD
City-St-Zip: TALLAHASSEE, FL 32312 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: JUANITA FORTH MGR 07/18/2004

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