

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 23, 2004 8:00 am**  
**Secretary of State**

08-23-2004 90152 010 \*\*\*\*50.00

<b>DOCUMENT # L03000018982</b>					
<b>1. Entity Name</b> TAC APPAREL GROUP, LLC					
<b>Principal Place of Business</b> 2235 OLD QUAKER ROAD DARLINGTON, MD 21034			<b>Mailing Address</b> 2235 OLD QUAKER ROAD DARLINGTON, MD 21034		
<b>2. Principal Place of Business</b> 2750 Glades Circle Suite, Apt. #, etc. Suite 700		<b>3. Mailing Address</b> 2750 Glades Circle Suite, Apt. #, etc. Suite 700			
<b>City &amp; State</b> Weston, FL 333		<b>City &amp; State</b> Weston, FL		<b>4. FEI Number</b> 77-0601760	
<b>Zip</b> 33327		<b>Country</b> U.S.		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> NRAI SERVICES, INC. 526 E. PARK AVENUE TALLAHASSEE, FL 32301			<b>7. Name and Address of New Registered Agent</b> Name: Wendell Watkins Street Address (P.O. Box Number is Not Acceptable): 2750 Glades Circle, Suite 700 City: Weston FL Zip Code: 33327		
<b>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.</b> SIGNATURE: <u>Wendell Watkins</u> <u>Wendell Watkins</u> <u>8-18-04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
<b>Filing Fee is \$50.00.</b> <b>Due by September 8, 2004</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>OWNER</b> James E. Slusher 2235 Old Quaker Rd. Darlington, Maryland 21034		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>Mgr. of U.S. Operations</b> Wendell Watkins 2750 Glades Circle Suite 700 Weston, FL 33327	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>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.</b>					
<b>SIGNATURE:</b> <u>Wendell Watkins</u> <u>Wendell Watkins</u>			<u>8-18-04</u> <u>954-389-0776</u> <small>Signature AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>		