


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90077 005 \*\*\*\*50.00

<b>DOCUMENT # L03000023099</b>	
1. Entity Name <b>AMERICAN EMBROIDERY LLC</b>	

Principal Place of Business <b>7038 STAPPOINT CT. WINTER PARK, FL 32792</b>	Mailing Address <b>3118 REDWOOD NATIONAL DRIVE 4008 ORLANDO, FL 32837</b>
------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------

**24061096**



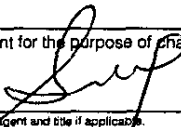
2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address <b>7038 STAPPOINT CT</b>  Suite, Apt. #, etc.
-----------------------------------------------------------	---------------------------------------------------------------------------

02062004 Chg-LLC CR2E083 (10/03)

City & State <b>WINTER PARK, FL</b>	4. FEI Number <b>41-2101241</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>32792</b>	Country <b>U.S.A.</b>	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required

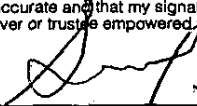
6. Name and Address of Current Registered Agent  <b>KATHRADA, SABBIR A 3118 REDWOOD NATIONAL DRIVE 4008 ORLANDO, FL 32837</b>	
-------------------------------------------------------------------------------------------------------------------------------------------------	--

7. Name and Address of New Registered Agent  Name <b>JAWED, SHAHNAZ</b> Street Address (P.O. Box Number is Not Acceptable) <b>2311 STONE CROSS CIRCLE</b>  City <b>ORLANDO</b> FL Zip Code <b>32828</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.	
SIGNATURE 	DATE <b>2-6-04</b>

<b>Filing Fee is \$50.00 Due by May 1, 2004</b>	<b>Make check payable to Florida Department of State</b>
-----------------------------------------------------	--------------------------------------------------------------

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE <b>P</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>JAWED, SHAHNAZ</b>		NAME	
STREET ADDRESS <b>2311 STONE CROSS CIRCLE</b>		STREET ADDRESS	
CITY-ST-ZIP <b>ORLANDO, FL 32828</b>		CITY-ST-ZIP	
TITLE <b>VP</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SHAFIQ, MUHAMMAD J</b>		NAME	
STREET ADDRESS <b>4394 WHITE PINE AVE.</b>		STREET ADDRESS	
CITY-ST-ZIP <b>ORLANDO, FL 32811</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:  <b>SHAHNAZ JAWED</b>	DATE <b>2-6-04</b> 407-678-3363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	