2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

1/9

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Feb 11, 2004 8:00 am
Secretary of State
01-09-2004 90101 010 ****50.00

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01082004 Chg-LLC CR2E083 (10/03)

DOCUMENT # L03000024591

1. Entity Name
TUSH, LLC

Principal Place of Business	Mailing Address
514 LAKE AVENUE LAKE WORTH, FL 33460	514 LAKE AVENUE LAKE WORTH, FL 33460

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 26-0050615 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

HARRIS, J. RICHARD
4400 P.G.A. BLVD., STE. 800
PALM BEACH GARDENS, FL 33410

Name
Street Addr
City

8. The above named entity submits this statement for the purpose of changing its registered office or re
the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature r

Filing Fee is $50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS		10.	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRINCIPLE Paul Maybaum 15215 83rd WAY NORTH PBG, FLA 33418 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRINCIPLE Ellen Maybaum 15215 83rd WAY NO P.B.G. FLA 33418 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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.

SIGNATURE: Paul Maybaum 1-6-04.
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #