## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Mar 14, 2005 8:00 am Secretary of State

<b>DOCUMENT # L030000260</b>	092 Significate menticipis :	349°; 17		03-14	1-2005 90592 03	5 ****50.00	
1. Entity Name ( the table to and purpose the country PKT APPAREL?) LLC ( cuttarious and apparent	hiis liberg coles dat etal (j. lav. Latter is greature all dis 648 d	no Salitin Ngjaron					
© 1+ 01-25 (		4 77					
Principal Place of Business	Mailing Address				•	:	
15108 BRIAR RIDGE 45 EAST 66TH ST, APT 21							
FORT MYERS, FL 33912	NEW YORK, NY 10021-	6102				:	
						<b>23/14   13/14   1413</b> 11   111   1231	
2. Principal Place of Business 7550 Bay Side lane	3. Mailing Address					98KB (2)  6   4111	
Suite; Apt. #, etc.	Suite; Apt; #, etc. ~			02162005 Chg-L	ĪČ CRŽEOS	3 (10/03)	
City & State City & State .				4. FEI Number		Applied For	
City & State Miami, FL	City & State		83-0367095		Not Applicable		
Zip Country	Zip	Coun	itry	5. Certificate of Status I		5.00 Additional ee Required	
6. Name and Address of Current I	Registered Agent			7. Name and Address			
A 1774			Name				
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD				ress (P.O. Box Number is Not A	s (P.O. Box Number is Not Acceptable)		
PLANTATION, FL 33324	<u> </u>						
F8-78 1-0X17/88-71/45 37875	·····	4 344	City.gg			Zip Code	
2657 (WOLDE   18467 (ACT / U.S.)		1	<u> </u>		FL.	<u> </u>	
<ol><li>The above named entity submits this statement for the obligations of registered agent.</li></ol>	r the purpose of changing its	register	eo onice or			rrilliar with, and accept	
SIGNATURE		:			<u>경 그런</u>		
Signapule, typed or printed name of registered agent a	and title if applicable. (NOTI	E: Registere	ed Agent signati	required when reinstating)	. DATE	Table Balling Control of Control	
Filing Fee is \$50.00					Make check pa		
Due by May 1, 2005		-	•		Florida Departme	nt of State	
9. MANAGING MEMBE		10.			DITIONS/CHANGES	,	
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CITY-ST-ZIP FORT MYERS, FL 33912	<del></del>	ÇIT	Y-ST-ZIP	Mami, FL 33141	·		
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STREET ADDRESS		1	REET ADDRESS				
CITY-ST-ZIP  11. I hereby certify that the information supplied with	this filing does not qualify to			d in Section 119 07(3)(i). Florida	Statutes, I further certi	fy that the information	
:indicated on this report is true and accurate and	I that my signature shall have e empowered to execute this	the san	ne legal effe	as if made under oath; that I ar	n a managing member	or manager of the	
CHOCKET ELECTION			N kuli				
SIGNATURE:	1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -						
SIGNATURE AND YPED OR PRINTED NAME O	OF SIGNING MANAGING MEMBER, MA	NAGER, C	OR AUTHORIZE	REPRESENTATIVE Date	Da	ytme Phone #	