

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90320 006 ***138.75

DOCUMENT # L03000031343 1. Entity Name EXQUISITE ENTERPRISES, LLC			
Principal Place of Business 1653 67TH LANE NORTH, SUITE 401 ST. PETERSBURG, FL 33710		Mailing Address 1653 67TH LANE NORTH, SUITE 401 ST. PETERSBURG, FL 33710	
2. Principal Place of Business - No P.O. Box # 131 41st Ave. N., Suite, Apt. #, etc. SUITE 103 City & State ST. PETERSBURG, FL, Zip 33703 Country U.S.A.		3. Mailing Address 131 41st Ave. N., Suite, Apt. #, etc. SUITE 103 City & State ST. PETERSBURG, FL, Zip 33703 Country U.S.A.	
04072008 Chg-LLC CR2E083 (12/06)		4. FEI Number 54-2124113	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent HURWITZ, MICHAEL J 1653 67TH LANE NORTH, SUITE 401 ST. PETERSBURG, FL 33710		7. Name and Address of New Registered Agent Name HURWITZ MICHAEL J Street Address (P.O. Box Number is Not Acceptable) 131 41st Ave. N., SUITE 103 City ST. PETERSBURG, FL Zip Code 33703	
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 MAJ 4-8-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HURWITZ, MICHAEL J <input type="checkbox"/> Delete 1653 67TH LANE NORTH, SUITE 401 ST. PETERSBURG, FL 33710	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HURWITZ MICHAEL J <input type="checkbox"/> Change <input type="checkbox"/> Addition 131 41st Ave. N., SUITE 103 ST. PETERSBURG, FL 33703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: MAJ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		4-8-08 727-327-3444 <small>Date Daytime Phone #</small>	