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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

34008332

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000033462

1. Entity Name -
ELAYNE'S BOUTIQUE, LLC

Principal Place of Business	Mailing Address
~~7040 FALCONS GLEN BLVD.~~ ~~NAPLES, FL 34113~~	~~7040 FALCONS GLEN BLVD.~~ ~~NAPLES, FL 34113~~

04072004 Chg-LLC CR2E083 (10/03)

45-0526981

2. Principal Place of Business	3. Mailing Address
ELAYNE'S BOUTIQUE	382 FIFTH AVE S.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State NAPLES, FL	City & State
Zip 34102 County COLLIER	Zip Country

4. FEI Number [redacted] — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~SCHMIDT, ELAINE~~ ~~7040 FALCONS GLEN BLVD.~~ ~~NAPLES, FL 34113~~	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHMIDT, ELAINE 7040 FALCONS GLEN BLVD. NAPLES, FL 34113	☐ 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: Elaine P. Schmidt 4/13/04 239-272-6991
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — DATE — Daytime Phone #