


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 12, 2004 8:00 am
Secretary of State

07-12-2004 90132 037 ****50.00

DOCUMENT # L03000035423	
1. Entity Name PIA'S PLACE, LLC	

Principal Place of Business 20301 WEST COUNTRY CLUB DR., STE. 526 AVENTURA, FL 33180	Mailing Address 20301 WEST COUNTRY CLUB DR., STE. 526 AVENTURA, FL 33180
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2. Principal Place of Business 3655 Hollywood Blvd.	3. Mailing Address C/O Jill Rubin 2965 NE 185th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc. #1506
City & State Hollywood, Fl.	City & State Aventura, Fl.
Zip 33021	Country
Zip 33180	Country

07062004 Chg-LLC CR2E083 (10/03)

4. FEI Number 05-0585788	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent BUSINESS FILINGS INCORPORATED 600 E. JEFFERSON ST. TALLAHASSEE, FL 32304	7. Name and Address of New Registered Agent Name Jill Rubin Street Address (P.O. Box Number is Not Acceptable) 2965 NE 185th Street, #1506 City Aventura, FL Zip Code 33180
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by September 8, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member #1 (Managing) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Jill Rubin 2965 NE 185th Street, #1506 Aventura, Fl. 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member #2 (Managing) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Stacey Rolnick 2965 NE 185th Street, #1506 Aventura, Fl. 33180
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 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: X Jill Rubin **Jill Rubin,**
Managing Member X **7-10-04** X 954-966-8750
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #