

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

07-12-2004 90130 005 \*\*\*\*50.00

DOCUMENT # L03000035988

1. Entity Name  
KATHERINE CHOUTEAU DESIGNS, LLC



Principal Place of Business  
4655 PEBBLE BAY SOUTH  
INDIAN RIVERSHORES, FL 32963

Mailing Address  
4655 PEBBLE BAY SOUTH  
INDIAN RIVERSHORES, FL 32963

14025246



2. Principal Place of Business  
110 VILLA D'ESTE #307  
Suite, Apt. #, etc.  
307

3. Mailing Address  
110 VILLA D'ESTE  
Suite, Apt. #, etc.  
307

07062004 Chg-LLC CR2E083 (10/03)

City & State  
DELRAY BEACH

City & State  
DELRAY BEACH

4. FEI Number  
20-1326504 ☒ Applied For  
Not Applicable

Zip  
33445 Country  
USA

Zip  
33445 Country  
USA

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

6. Name and Address of Current Registered Agent

LURIE, DAVID  
4655 PEBBLE BAY SOUTH  
INDIAN RIVERSHORES, FL 32963

7. Name and Address of New Registered Agent

Name  
LURIE, KATHERINE  
Street Address (P.O. Box Number is Not Acceptable)  
110 VILLA D'ESTE #307  
City  
DELRAY BEACH FL Zip Code  
33445

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 Katherine C. Lurie DATE 7-6-04  
(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00  
Due by September 8, 2004

Make check payable to  
Florida Department of State

## 9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME MGRM ☐ Delete  
LURIE, KATHERINE  
STREET ADDRESS 4655 PEBBLE BAY SOUTH  
CITY-ST-ZIP INDIAN RIVERSHORES, FL 32963

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

TITLE  
NAME MGRM ☒ Change ☐ Addition  
LURIE, KATHERINE  
STREET ADDRESS 110 VILLA D'ESTE #307  
CITY-ST-ZIP DELRAY BEACH, FL 33445

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Katherine C. Lurie Date 7-6-04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #