

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L03000039262

1. Entity Name
2436 EAST LAS OLAS BLVD. STORES, LLC



Principal Place of Business
2 MATTOON RD.
WATERBURY, CT 06722

Mailing Address
2 MATTOON RD.
WATERBURY, CT 06722

2. Principal Place of Business

3. Mailing Address
PO Box 1910

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Waterbury Ct

Zip

Zip
06722

Country

Country

4. FEI Number

59-2357182

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

VITALE, TERRY
340 SUNSET DRIVE #1002
FT. LAUDERDALE, FL 33301

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

Signature, typed or printed name of registered agent and title if applicable.

(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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR Delete
NAME DEVINO, KENNETH M
STREET ADDRESS 33 NORTH FORTY ROAD
CITY-ST-ZIP WOODBURY, CT 067982619

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR Delete
NAME VITALE, TERRY
STREET ADDRESS 340 SUNSET DRIVE, #1002
CITY-ST-ZIP FT. LAUDERDALE, FL 33301

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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CITY-ST-ZIP

TITLE Delete
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CITY-ST-ZIP

TITLE Change Addition
NAME
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)(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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

14025959

07-19-2004 90233 042 ****50.00

**FILED
Jul 19, 2004 8:00 am
Secretary of State**