2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 20, 2005 8:00 am Secretary of State 04-22-2005 90047 014 ****50.00

DOCUMENT # L04000012641				04-22-2003 90047 014 *** 30.00		
Principal Place of Business Mailing Address 5757 COLLINS AVENUE P.O. BOX 751224 UNIT # 401 FOREST HILLS, NY 1137 MIAMI BEACH, FL 33140 US			1375 US	 1 89 1971 BU BYUN TOU BYUN SYN SYN OLD BROD FOTO RYTH TUN OLD F DOED FO FO		
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04192005 Chg-LLC CR2E083 (10/03)		
City & State		City & State		4. FEI Number Applied For Not Applicab		
Zip	Country	Zip	Country	5. Certificate of Status Desired Solutional Fee Required		
	5. Name and Address of C	urrent Registered Agent	Name	7. Name and Address of New Registered Agent		
GROSS, MATHILDE				Street Address (P.O. Box Number is Not Acceptable)		
UNIT # 40	LINS AVENUĘ I			S (F. O.) DOX NOTION IS NOT PEDAPAGED (
MIAMI BEA	ACH, FL 33140		City	FI Zip Code		
		ment for the purpose of changing it	s registered office or regis	stered agent, or both, in the State of Florida. I am familiar with, and accept		
	ions of registered agent.					
'SIGNATURE .	Signature, typed or printed name of register	red agent and title d applicable. (NO	TE: Registered Agent signature requi	umbd when remakking) DATE		
	ling Fee is \$50.00 ue by May 1, 2005			Make check payable to Florida Department of State		
9.		MEMBERS/MANAGERS	10.	ADDITIONS/CHANGES		
TITLE NAME	MGRM GROSS, MATHILDE	☐ Deiele	TITLE NAME	Change 🗖 Additi		
STREET ADDRESS	P.O. BOX 751224	,	STREET ADDRESS			
CITY - ST - ZIP	FOREST HILLS, NY 1137	5 Delete	CIFY-S1-ZIP	☐ Change ☐ Addition		
TITLE NAME		T Design	NAME	Create Create		
STREET ADORESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
TITLE		☐ Delete	HITLE	☐ Change ☐ Addition		
NAME STREET ADORESS		=•• «·	NAME STREET ADDRESS	الم المعامل المسينيا		
CITY-ST-ZIP			CHY-ST-ZIP			
TOLE		☐ Delete	TITLE	☐ Change ☐ Addisio		
NAME _STREET ADDRESS			NAME STREET ADDRESS			
CITY+ST-ZIP			CITY-ST-ZIP			
TITLE MANAÉ		☐ Deleta	TITLE NAME	← Change		
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP		Code	CITY-ST-ZIP	☐ Change ☐ Addidio		
TITLE MAME		☐ Delete	TITLE NAME	☐ Change ☐ Addilic		
STREET ADURESS			STREET ADDRESS	· ·		
11. I hereby	certify that the information suppl	ied with this filing does not qualify h	or the exemption stated in	Section 119,07(3)(i), Florida Statutes, Hurther certify that the information		
! indicated	on this report is true and accura	ate and that my signature snall have r trustee empowered to execute this	e the same legal effect as it	if made under cath; that I am a managing member or manager of the		
SIGNAT	URE: Walhla	MAME OF ENGINE MANAGENG MEMBER, M.	ANAGER OR AUTHORIZED REPOR	ESENTATIVE Date Owner Prone 6		