2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Mar 03, 2005 8:00 am
Secretary of State
01-28-2005 90072 020 ****50.00

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01212005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L04000020091

1. Entity Name
PAT BAMDAD CREATIVE DESIGNS, L.L.C.

Principal Place of Business	Mailing Address
~~3700 S. OCEAN BOULEVARD~~	~~3700 S. OCEAN BOULEVARD~~
~~NO. 502~~	~~NO. 502~~
~~HIGHLAND BEACH, FL 33487 US~~	~~HIGHLAND BEACH, FL 33487 US~~

2. Principal Place of Business	3. Mailing Address
203 Andalusia Dr	203 Andalusia Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc. Palm Beach Gardens
City & State: Palm Beach Gardens, Fl	City & State: Florida
Zip: 33418 Country: USA	Zip: 33418 Country: USA

4. FEI Number: 20-0875510 ☐ 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
~~GRANTHAM, KIRK~~ John Peterson, Esq.	Name: John Peterson, Esq.
~~1860 FOREST HILL BOULEVARD~~	Street Address (P.O. Box Number is Not Acceptable): 2001 Palm Beach Lakes Blvd
~~SUITE 105~~	Suite 502L
~~WEST PALM BEACH, FL 33406~~	City: West Palm Beach FL Zip Code: 33409

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: Pat Bamdad DATE: 1/20/05
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, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		☐ Delete	10. ADDITIONS/CHANGES		☐ Change ☐ Addition
TITLE	MGRM		TITLE		
NAME	BAMDAD, PAT		NAME		
STREET ADDRESS	~~3700 S. OCEAN BOULEVARD~~ 203 Andalusia Drive		STREET ADDRESS		
CITY-ST-ZIP	~~HIGHLAND BEACH, FL 33487~~ Palm Beach Gardens FL 33418		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Pat Bamdad 1/20/05 (561)622-4005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #