


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90035 028 ****55.00

DOCUMENT # L04000022705		
1. Entity Name MAMMIE'S BEST LLC		

Principal Place of Business 6530 HAYES STREET HOLLYWOOD, FL 33024 US	Mailing Address 6530 HAYES STREET HOLLYWOOD, FL 33024 US
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20050423

2. Principal Place of Business 6383 NW REGAL CIRCLE	3. Mailing Address 6383 NW REGAL CIRCLE
Suite, Apt. #, etc.	Suite, Apt. #, etc.



04262005 Chg-LLC CR2E083 (10/03)

City & State PORT ST. LUCIE, FL	City & State PORT ST. LUCIE, FL
Zip 34983	Zip 34983
Country USA	Country USA

4. FEI Number 20-2729418	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent LEGALZOOM NEVADA, INC. 44 W. FLAGLER ST. SUITE 675 MIAMI, FL 33130	
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7. Name and Address of New Registered Agent	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2005	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	MGRM RICHARDSON, WALTER S 6530 HAYES STREET HOLLYWOOD, FL 33024 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RICHARDSON, WALTER S. 6383 NW REGAL CIRCLE PORT ST. LUCIE, FL 34983 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RICHARDSON, CHRISTINE S 6530 HAYES STREET HOLLYWOOD, FL 33024 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RICHARDSON, CHRISTINE S. 6383 NW REGAL CIRCLE PORT ST. LUCIE, FL 34983 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(l), 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: Christine S. Richardson **CHRISTINE S. RICHARDSON** 4/26/2005 772-343-1290
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #