


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 16, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90425 030 \*\*\*\*50.00

<b>DOCUMENT # L04000022953</b>	
1. Entity Name <b>MITZY INTERNATIONAL DESIGNER, L.C.</b>	

Principal Place of Business <b>2994 MC FARLANE ROAD MIAMI, FL 33133 US</b>	Mailing Address <b>2994 MC FARLANE ROAD MIAMI, FL 33133 US</b>
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**DO NOT WRITE IN THIS SPACE**



01212006 No Chg-LLC CR2E083 (11/05)

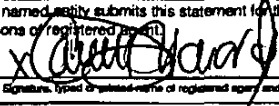
4. FEI Number <b>20-1113756</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

8. Name and Address of Current Registered Agent

**ATRIUM REGISTERED AGENTS, INC.  
1500 SAN REMO AVENUE, SUITE 125  
CORAL GABLES, FL 33146**

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9. 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  **3/13/06** DATE

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renouncing)


**Filing Fee is \$50.00  
Due by May 1, 2006**

**B. MANAGING MEMBERS/MANAGERS**

TITLE <b>MGR</b>	NAME <b>RICHARDS, CARMEN</b>
STREET ADDRESS <b>111 BRICKELL BAY DRIVE</b>	
CITY- ST- ZIP <b>MIAMI, FL 33131</b>	
TITLE	NAME
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	NAME
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	NAME
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	NAME
STREET ADDRESS	
CITY- ST- ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **MARIA HÖFLICH** **3/13/06** **(786) 552-9846**

SIGNATURE AND TYPED OR PRINTED NAME OF CHIEF MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

**MANAGER.**



ATTACHMENT

30002633

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 2, 2006

MITZY INTERNATIONAL DESIGNER, L.C.  
2994 MC FARLANE ROAD  
MIAMI, FL 33133 US

Subject: MITZY INTERNATIONAL DESIGNER, L.C.

Reference Number:

L04000022953

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by a managing member, manager or an authorized representative of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

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ANNUAL REPORTS SECTION