

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000034771

FILED
Jun 29, 2005
Secretary of State

Entity Name: DEMIMONDE ENTERPRISES LLC

Current Principal Place of Business:

1200 COLLINS AVENUE
MIAMI, FL 33139

New Principal Place of Business:

Current Mailing Address:

1200 COLLINS AVENUE
MIAMI, FL 33139

New Mailing Address:

FEI Number: 90-0171224 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SPUCHES, CHRISTOPHER B
1200 COLLINS AVENUE
MIAMI, FL 33139 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SPUCHES, CHRISTOPHER B
Address: 1200 COLLINS AVENUE
City-St-Zip: MIAMI, FL 33139

Title: MGMR () Delete
Name: SPUCHES, TIMOTHY P
Address: 1200 COLLINS AVENUE
City-St-Zip: MIAMI, FL 33139

Title: MGMR () Delete
Name: PRAVDA, EVAN M
Address: 1200 COLLINS AVENUE
City-St-Zip: MIAMI, FL 33139

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: CHRISTOPHER SPUCHES

MGMR

06/29/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date