

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000042525

FILED
Aug 02, 2005
Secretary of State

Entity Name: ARABESQUE DANCEWEAR, LLC

Current Principal Place of Business:

1421 19TH STREET SW
NAPLES, FL 34117

New Principal Place of Business:

1250 TAMiami TRAIL NORTH
SUITE 205
NAPLES, FL 34102

Current Mailing Address:

1421 19TH STREET SW
NAPLES, FL 34117

New Mailing Address:

1250 TAMiami TRAIL NORTH
SUITE 205
NAPLES, FL 34102

FEI Number: 20-1200428 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:

CARRERA, CHRISTINE
1421 19TH STREET SW
NAPLES, FL 34117 US

Name and Address of New Registered Agent:

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: SWEENEY, CATHERINE M
Address: 3975 DEER CROSSING CT. #102
City-St-Zip: NAPLES, FL 34114

Title: MGRM () Delete
Name: CARRERA, CHRISTINE L
Address: 1421 19TH STREET SW
City-St-Zip: NAPLES, FL 34117

ADDITIONS/CHANGES:

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: CHRISTINE L CARRERA

MGRM

08/02/2005

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