
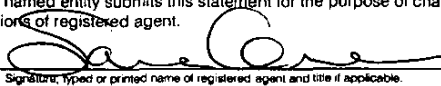



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90480 026 ****50.00

DOCUMENT # L04000058964 1. Entity Name IMPRESSIVE OCCASIONS, LLC					
Principal Place of Business 7300 W. CAMINO REAL SUITE # 217 BOCA RATON, FL 33498 US			Mailing Address 7300 W. CAMINO REAL # 217 BOCA RATON, FL 33433 US		
2. Principal Place of Business - No P.O. Box # 9211 Edgemont Ln		3. Mailing Address 20423 State Rd 7			
Suite, Apt. #, etc. Boca Raton		Suite, Apt. #, etc. FL #278			
City & State Boca Raton FL		City & State Boca Raton FL			
Zip 33434		Country Palm Beach		Zip 33498	
Country Palm Beach		4. FEI Number 30-0224708			
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent STARKOFF, SARA B 9211 EDMONT LANE BOCA RATON, FL 33434			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 				DATE 2/21/07	
Filing Fee is \$50.00 Due by May 1, 2007				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GREEN STARKOFF, SARA B 9211 EDMONT LANE BOCA RATON, FL 33434	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR. JAMES BRIAN GREEN 9211 Edgemont Ln. Boca Raton FL 33434	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GREEN, SARA 9211 Edgemont Ln Boca Raton FL 33434	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GREEN, SARA 9211 Edgemont Ln Boca Raton FL 33434	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GREEN, SARA 9211 Edgemont Ln Boca Raton FL 33434	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GREEN, SARA 9211 Edgemont Ln Boca Raton FL 33434	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 				DATE 2/21/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Daytime Phone # 5614452158	