


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 03, 2005 8:00 am**  
**Secretary of State**

03-03-2005 90026 003 \*\*\*\*50.00

<b>DOCUMENT # L04000059499</b>	
1. Entity Name ECLECTIC DESIGNS BY AMA, LLC	

Principal Place of Business 2101 WEST COMMERCIAL BLVD., SUITE 4100 FT. LAUDERDALE, FL 33309	Mailing Address 2101 WEST COMMERCIAL BLVD., SUITE 4100 FT. LAUDERDALE, FL 33309
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2. Principal Place of Business 2101 W Commercial Blvd Suite, Apt. #, etc. Suite 2800 City & State Ft Lauderdale, FL Zip 33309	Country US	3. Mailing Address 2101 W Commercial Blvd Suite, Apt. #, etc. Suite 2800 City & State Ft Lauderdale, FL Zip 33309	Country US
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01072005 Chg-LLC CR2E083 (10/03)

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

6. Name and Address of Current Registered Agent LYNN, MARK J ESQ. 2101 WEST COMMERCIAL BLVD., SUITE 4100 FT. LAUDERDALE, FL 33309
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7. Name and Address of New Registered Agent Name Lynn, Mark J. Esq Street Address (P.O. Box Number is Not Acceptable) 2101 W Commercial Boulevard Suite 2800 City Ft Lauderdale FL Zip Code 33309
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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 MARK J. LYNN DATE 2/28/05

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

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 FORMAN, AMANDA 2101 WEST COMMERCIAL BLVD., SUITE 4100 FT. LAUDERDALE, FL 33309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Forman, Amanda 2101 W Commercial Blvd., Suite 2800 Ft Lauderdale, FL 33309 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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
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
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)(i), 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: <u>AMANDA FORMAN</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	Date <u>2/28/05</u>	Daytime Phone # <u>954-735-0000</u>
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