


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90367 027 \*\*\*\*50.00

<b>DOCUMENT # L04000070007</b> 1. Entity Name <b>PARIS STYLE, LLC</b>			
Principal Place of Business <b>1103 FLORIDA AVE SUITE 4 PALM HARBOR, FL 34683 US</b>		Mailing Address <b>1103 FLORIDA AVE SUITE 4 PALM HARBOR, FL 34683 US</b>	
2. Principal Place of Business <b>34650 US Hwy 19 W.</b> Suite, Apt. #, etc. <b>108</b> City & State <b>Palm Harbor FL</b> Zip <b>34684</b> Country <b>Pinellas</b>		3. Mailing Address <b>34650 US Hwy 19 W.</b> Suite, Apt. #, etc. <b>108</b> City & State <b>Palm Harbor FL</b> Zip <b>34684</b> Country <b>Pinellas</b>	
4. FEI Number <b>20-1671253</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		04222005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent  <b>JENKINS, ROSE 1103 FLORIDA AVE SUITE 4 PALM HARBOR, FL 34683</b>		7. Name and Address of New Registered Agent Name <b>Rose Jenkins</b> Street Address (P.O. Box Number is Not Acceptable) <b>34650 US Hwy 19 W. Ste 108</b> City <b>Palm Harbor</b> <b>FL</b> Zip Code <b>34684</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR ROUX, BENOIT 1103 FLORIDA AVE SUITE 4, FL 34683</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR Roux, Benoit 34650 US Hwy 19 W. Ste 108 Palm Harbor FL 34684</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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
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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.			
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date <b>4/22/05</b> <small>Daytime Phone #</small>	