## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 28, 2005 8:00 am Secretary of State

Daytime Phone #

Maling Actives SUITE 102 COI RA BARAZ HOLLYWOOD, R. 13020 BR  2. Finicipal Plage of Burgress Suite Agriculture Suite 102 COI RA BARAZ HOLLYWOOD, R. 13020 BR  2. Finicipal Plage of Burgress Suite Agriculture Sui	DOCUMENT # L0400070045  1. Entity Name HAPPY ENDINGS ,LLC"						04-28-2005 04-28-2005				
Sign. April 6 Circle 1964 State	3300 NORTH SUITE 102 CA	i 29th avenue /o ira baraz	₹	7 	. 4110 1180 1800 8810 8810	6611   5661   6611   16					
## Applied For Part   P	1028 GREEN PINE				)	-					
Country   S. Contribute of Status Desired   S. Country   S. Contribute of Status Desired   S. Old Additional Fee Requised   S. Name and Address of Now Registered Agent   Name	City & State				/		<u>_</u>	116	Apr		
SLACK, RICHARD 1028 D GREEN PINE BLVD WEST PALM, FL 33409    City   FL   Zip Code					try 5. Certificate of Status Desired \$5.00 Additional						
Street Address (P. O. Dox Number is Not Acceptable)    City   FL   Zip Code		6. Name and Address of Current R									
City FL Zap Code  6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am Ismiliar with, and accept the deligations of registered agent, or both, in the State of Florida. I am Ismiliar with, and accept the deligations of registered agent, or both, in the State of Florida. I am Ismiliar with, and accept the deligations of registered agent, or both, in the State of Florida. I am Ismiliar with, and accept the deligations of registered agent, or both, in the State of Florida. I am Ismiliar with, and accept the deligations of registered agent, or both, in the State of Florida. I am Ismiliar with, and accept the deligations of registered agent, or both, in the State of Florida. I am Ismiliar with, and accept the deligations of registered agent, or both, in the State of Florida. I am Ismiliar with, and accept the deligations of registered agent, or both, in the State of Florida. I am Ismiliar with, and accept the deligations of registered agent, or both, in the State of Florida. I am Ismiliar with, and accept the deligations of registered agent, or both, in the State of Florida. I am Ismiliar with, and accept the deligation of registered agent, or both, in the State of Florida. I am Ismiliar with, and accept the deligation of the d	1028 D GREEN PINE BLVD			Street Address (P.O. Box Number is Not Acceptable)							
R. The above named entity submits this statement for the purpose of changing its registered algent, or both, in the State of Florida. I am (emillar with, and accept the obligations of registered algent.  SIGNATURE    Signature, typed or printed name of registered algent and title if explicable.   (NOTE Registered Agent signature recurred when remarking)   DATE	WEST PALM, FL 33409										
THE NAME STREET ADDRESS CITY-S1-2P CITY-S1-2			City · · ·	•		FL	Zip Code				
Filling Fee Is \$50.00    Second   Principle   Principl											
9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES  TILE MGR NAME SLACK, RICHARD 1028D GREEN PINE BLVD 1028D GREEN BLVD 1028D GREEN PINE BLVD 1028D GREEN BLV	SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE										
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