2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L0400082987 1. Equity Name DIVA BY FAITH, FAITH COU'TURIER RETAIL/CLOTHING DESIGN LLC										
Principal Place	e of Business	Mailing Address	Mailing Address			280	C 4110			
	7TH COURT AVENUE		17835 NW 27TH COURT AVENUE			200.	J AUG -	-9 P	2: 42	
MIAMI, FL 3	3036	MIAMI, FL 33056				SEC	RETAR	Y er c-	TATE.	
2. Principal P	face of Business	3. Mailing Address	3. Mailing Address							
		or maining / lacitoto	o. Maing Address			EBUIF QUAN BANK QAKA BAN		ARN 1863) INIII (80)	ERI 111 (ERI '	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			Chg-LLC	CR2E0	83 (10/03)		
City & State	9	City & State	City & State		4. FEI Numbe	r		Ар	plied For	
Zip Country		Zio	Zip Count					No. No. \$5.00 Add	t Applicable	
				.,	5. Certificate	of Status Desired		Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name						
WOOTEN, CHIM N				Street Address (P.O. Box Number is Not Acceptable)						
: 17835 NW - MIAMI, FL	27TH COURT AVENU 33056	JE.	Stree		Address (P.O. Box Number is Not Acceptable)					
						_				
•				City			FL	Zip Code	э	
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										
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
	ing Fee is \$50.00 by September 7, 2005	5						ayable to ent of State	.	
9.		G MEMBERS/MANAGERS	10.			ADDITIONS/	CHANGES			
TITLE NAME	MGRM Delete ITII			1				☐ Change	☐ Addition	
STREET ADDRESS	17835 NW 27TH COUR	T AVENUE		ET ADDRESS						
CITY-ST-ZIP	MIAMI, FL 33056		_	-ST-ZIP						
TITLE NAME		☐ Delete	TITLE NAME	1				☐ Change	☐ Addition	
STREET ADDRESS			STRI					ľ		
CITY-ST-ZIP			_	-ST-ZIP						
TITLE NAME		☐ Delete	TITLE NAME	l l	.00	000583 70501009	398:		Addition	
STREET ADDRESS			STRE	ET ADDRESS	08/09	1/0501009	5013	¯ * *T25	.00	
CITY-ST-ZIP			_	-ST-ZIP						
TITLE NAME		☐ Delete	TITLE NAM	l l				☐ Change	☐ Addition	
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CITY-ST-ZIP			_	-SI-ZIP				To Breed	☐ Addition	
NAME		☐ Detete	TITLE	l l				V.		
STREET ADDRESS				ET ADDRESS			_ /	٣	i	
CITY-ST-ZIP		☐ Delete	TITLE	-ST-ZIP			.W.	Change	- Addition	
NAME		LI Delete	NAM	l l		*	ダノ	Change	☐ Addition	
STREET ADDRESS				ET ADDRESS		`	•			
CITY-ST-ZIP	certify that the information sur	notied with this filing dose not qualify to		-SI-ZIP	ection 119 07/9/0) Florida Statutes I	further cor	tifu that the in	oformation	
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: 8-1-US 305-602-9114 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG MANAGER, OR AUTHORIZED REPRESENTATIVE Date DoyUTTO Provis #										