## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Aug 10, 2006 8:00 am

DOCUMENT # L05000038622  1. Entity Name MICHELS BEACHWEAR LLC					05-08-2006 90039 006 ****50.00				
Principal Plac 6 NORTH OC DAYTONA BE			Mailing Address 88 SOUTH HALIFAX DRIVE ORMOND BEACH, FL 32176 US		(   FEME)) (	KI ETIBI SIIN ESIII BOM BA	PI SSIES IMBI N	EL18. Ø1110 12010 11	<b>212:</b> III (201
2. Principal P	lace of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<del></del>	04282006	Chg-LLC	CR2E	083 (11/05)	
City & State		City & State			4. FEI Numl	729503	<u>-</u>		oplied For ot Applicable
Zip	Country	Zip Coun		try	5. Certificate of Status E		atus Desired		
	6. Name and Address of Current		Name	7. Name an	d Address of New F	legistered .	Agent		
	LÉNA I HALIFAX DRIVE BEACH, FL 32176	Street Address		P.O. Box Numb	per is Not Acceptable	9)		·	
				City	<del></del>		FL	Zip Cod	e
	named entity submits this statement to	r the purpose of changing its	registere	ed office or register	ed agent, or b	oth, in the State of Fi		familiar with,	and accept
}	ions of registered agent.								
SIGNATURE .	Signature, typed or printed name of registered agent.	and tale if applicable (NOT	E: Registered	Agent signature required	when reinstaling)		DATE		
Fi Di	iling Fee is \$50.00 ue by May 1, 2006						e check p s Departm	ayable to ent of Stat	•
9.	MANAGING MEMBE		10.			ADDITIONS	CHANGES	<del> </del>	
TITLE NAME	MGRM HANNA, MICHEL	☐ Delete	TITLE	ı				☐ Change	Addition
STREET ADDRESS	88 SOUTH HALIFAX DRIVE ORMOND BEACH, FL 32176			FT ADDRESS ST-ZIP					
TITLE	MGRM	☐ Delete	TITLE					☐ Change	Addition
NAME STREET ADORESS	HANNA, ELENA 88 SOUTH HALIFAX DRIVE		NAMÉ	ET ADORESS				-	
CITY-ST-ZIP	ORMOND BEACH, FL 32176			ST-ZIP					
TITLE		☐ De/ete	TITLE		-			☐ Change	Addition
STREET ADDRESS			4	ET ADDRESS					
CITY-ST-ZiP			_	ST-ZIP					
NAME		Delete	TITLE NAME	1				☐ Change	Addition
STREET ADDRESS				ET ADORESS ST-ZIP					
TIFLE	<u></u>	☐ Celete	TITLE			<u></u>		☐ Change	☐ Addition
NAME			NAME						
STREET ADORESS CITY-ST-2IP				ET ADDRESS ST-ZIP					
TITLE		☐ Delete	TITLE		•			☐ Change	Addition
NAME STREET ADDRESS			MAME STREE	ET ADDRESS					
CITY-SI-ZIP				ST-ZIP					
indicated limited lia	certify that the information supplied with on this report is true and accurate and billity company or the receiver or trusted.	that my signature shall have empowered to execute this	the same report as	legal effect as if m required by Chapt	iade under oat er 608, Florida	h; that I am a manag Statutes.	ing membi	er or manage	er of the