

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 05, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000062798

1. Entity Name
CITY GIRLS LLC



Principal Place of Business
10101 E. BAY HARBOR DRIVE, #507
BAY HARBOR ISLANDS, FL 33154

Mailing Address
10101 E. BAY HARBOR DRIVE, #507
BAY HARBOR ISLANDS, FL 33154



03022007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 33-1119672	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MOORE, RICHARD A
1 N.E. 2ND AVE., #200
MIAMI, FL 33132

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by May 1, 2007**

000000654865
03/13/07-80080-018 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM JURKOWITZ, MARCY 10101 E. BAY HARBOR DRIVE, #507 BAY HARBOR ISLANDS, FL 33154
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MOORE, RENEE 9256 BYRON AVE. SURFSIDE, FL 33154
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MARINELLO, LAURA A 1765 WEEPING WILLOW WAY HOLLYWOOD, FL 33019
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM RHODES, PAM S 12851 STIRLING ROAD FT. LAUDERDALE, FL 33330
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Marcy Jurkowitz MARCY JURKOWITZ 3/2/07 305-608-2598