


**2006 LIMITED LIABILITY COMPANY
AMENDED ANNUAL REPORT**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 APR 24 AM 9:54

DOCUMENT # L05000112814			
1. Entity Name LAUNDRY BAR, LLC			
Principal Place of Business 3814 S.W. 59TH AVENUE MIAMI, FL 33155		Mailing Address 3814 S.W. 59TH AVENUE MIAMI, FL 33155	
2. Principal Place of Business 721 North Lincoln Lane		3. Mailing Address 721 North Lincoln Lane	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami Beach, FL		City & State Miami Beach, FL	
Zip 33139		Zip 33139	
Country USA		Country USA	
4. FEI Number 20-3834335		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LOUMIET, JUAN P 1033 ANASTASIA AVENUE CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <u><i>Juan Loumiet</i></u> DATE <u><i>3/28/06</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Amended AR is \$50.00		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LOUMIET, JUAN F 3814 S.W. 59TH AVENUE MIAMI, FL 33155 <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 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: <u><i>Juan Loumiet</i></u> MANAGING MEMBER		DATE: <u><i>3/28/06</i></u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Daytime Phone #</small>	