


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT****FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L06000040788</b>			
1. Entity Name FUCHSIA BOUTIQUE L.L.C.			
Principal Place of Business 7600 DR. PHILLIPS BLVD UNIT 18 ORLANDO, FL 32819 US	Mailing Address 5547 MASTERS BLVD. ORLANDO, FL 32819 US		
<b>DO NOT WRITE IN THIS SPACE</b>		04212008 No Chg-LLC CR2E083 (12/07)	
		4. FEI Number 20-4725487 <table border="1"> <tr> <td>Applied For</td> </tr> <tr> <td>Not Applicable</td> </tr> </table>	
Applied For			
Not Applicable			
6. Name and Address of Current Registered Agent  MERENDA, MELISSA V 5547 MASTERS BLVD. ORLANDO, FL 32819		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required <b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when transferring)</small> _____ DATE _____			
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>		000000926595 05/20/08-80073-004 138.75	
9. MANAGING MEMBERS/MANAGERS		<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM SRINIVASAN, KAMAKSHI 8208 FIRENVE BLVD. ORLANDO, FL 32836		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM MERENDA, MELISSA V 5547 MASTERS BLVD. ORLANDO, FL 32819		
TITLE NAME STREET ADDRESS CITY- ST- ZIP			
TITLE NAME STREET ADDRESS CITY- ST- ZIP			
TITLE NAME STREET ADDRESS CITY- ST- ZIP			
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>Kam Srinivasan</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		4/24/08 321-251-8382 <small>Daytime Phone #</small>	