

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/2

**FILED**  
**Jun 19, 2008 8:00 am**  
**Secretary of State**

05-27-2008 90372 049 \*\*\*138.75

<b>DOCUMENT # L07000058931</b> 1. Entity Name <b>LORD DANIEL SPORTSWEAR LIMITED COMPANY</b>																													
Principal Place of Business <b>801 SHOTGUN ROAD SUNRISE, FL 33326</b>			Mailing Address <b>801 SHOTGUN ROAD SUNRISE, FL 33326</b>																										
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.																											
City & State		City & State																											
Zip	Country	Zip	Country																										
4. FEI Number <b>26-0295417</b>																													
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>																													
6. Name and Address of Current Registered Agent <b>BSPA CORPORATE SERVICES, INC. 350 E. LAS OLAS BLVD., STE. 1000 FT. LAUDERDALE, FL 33301</b>																													
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____																													
<b>FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>																									
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: left;">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="2" style="text-align: left;">10. ADDITIONS/CHANGES</th> </tr> </thead> <tbody> <tr> <td style="width: 40%; padding: 5px;">           TITLE NAME STREET ADDRESS CITY - ST - ZIP         </td> <td style="width: 20%; padding: 5px;"> <input type="checkbox"/> Delete         </td> <td style="width: 40%; padding: 5px;">           TITLE NAME STREET ADDRESS CITY - ST - ZIP         </td> <td style="width: 20%; padding: 5px;"> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition         </td> </tr> <tr> <td style="padding: 5px;">           TITLE NAME STREET ADDRESS CITY - ST - ZIP         </td> <td style="padding: 5px;"> <input type="checkbox"/> Delete         </td> <td style="padding: 5px;">           TITLE NAME STREET ADDRESS CITY - ST - ZIP         </td> <td style="padding: 5px;"> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition         </td> </tr> <tr> <td style="padding: 5px;">           TITLE NAME STREET ADDRESS CITY - ST - ZIP         </td> <td style="padding: 5px;"> <input type="checkbox"/> Delete         </td> <td style="padding: 5px;">           TITLE NAME STREET ADDRESS CITY - ST - ZIP         </td> <td style="padding: 5px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td style="padding: 5px;">           TITLE NAME STREET ADDRESS CITY - ST - ZIP         </td> <td style="padding: 5px;"> <input type="checkbox"/> Delete         </td> <td style="padding: 5px;">           TITLE NAME STREET ADDRESS CITY - ST - ZIP         </td> <td style="padding: 5px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td style="padding: 5px;">           TITLE NAME STREET ADDRESS CITY - ST - ZIP         </td> <td style="padding: 5px;"> <input type="checkbox"/> Delete         </td> <td style="padding: 5px;">           TITLE NAME STREET ADDRESS CITY - ST - ZIP         </td> <td style="padding: 5px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> </tbody> </table>						9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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>Brett Stern</u> <span style="float: right;">5/21/08 954-318-6000</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																													

BY: \_\_\_\_\_ 30009619

