

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L96000000635

Entity Name: FLORIDA FASHIONS, L.C.

FILED  
Jan 22, 2005  
Secretary of State

## Current Principal Place of Business:

5555 TAMIAMI TR. N.  
SUITE 919  
NAPLES, FL 34108

## New Principal Place of Business:

## Current Mailing Address:

5555 TAMIAMI TR. N.  
SUITE 919  
NAPLES, FL 34108

## New Mailing Address:

FEI Number: 65-0688362

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GRANT, RICHARD C ESQ  
GRANT, FRIDKIN & PEARSON, P.A.  
5551 RIDGEWOOD DRIVE - SUITE 501  
NAPLES, FL 33963 US

## Name and Address of New Registered Agent:

GRANT, RICHARD C ESQ  
GRANT, FRIDKIN & PEARSON, P.A.  
5551 RIDGEWOOD DRIVE - SUITE 501  
NAPLES, FL 34108 US

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.

SIGNATURE:

01/22/2005

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete  
Name: SCARPA, ROLAND  
Address: 5555 TAMIAMI TR. N., STE. 919  
City-St-Zip: NAPLES, FL 34108

Title: MGR ( ) Delete  
Name: SCARPA, ANTONELLA L  
Address: 5555 TAMIAMI TR. N., STE. 919  
City-St-Zip: NAPLES, FL 34108

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROLAND SCARPA

MR

01/22/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date