

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # L96000001091 1. Entity Name PYT, LLC	
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Principal Place of Business 11260 FORTUNE CIRCLE, SUITE J-4 WELLINGTON, FL 33414	Mailing Address 11260 FORTUNE CIRCLE, SUITE J-4 WELLINGTON, FL 33414
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DO NOT WRITE IN THIS SPACE



02102004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-0705085	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KWOCA, MARK
11260 FORTUNE CIRCLE, SUITE J-4
WELLINGTON, FL 33414

**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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

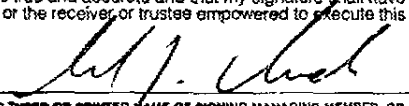
**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM VERA WANG BRIDAL HOUSE, LTD 225 WEST 39TH STREET NEW YORK, NY 10018
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BECKER, VERA WANG 225 WEST 39TH STREET NEW YORK, NY 10018
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HAZZARD, CHET 225 WEST 39TH STREET NEW YORK, NY 10018
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KWOCA, MARK 11260 FORTUNE CIRCLE, SUITE J-4 WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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U000000063702
02/23/04-80171-021 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify 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 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 #