2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L96000001091

1. Entity Name
PYT, LLC

Principal Place of Business	Mailing Address
11260 FORTUNE CIRCLE, SUITE J-4 WELLINGTON, FL 33414	11260 FORTUNE CIRCLE, SUITE J-4 WELLINGTON, FL 33414

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

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

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	VERA WANG BRIDAL HOUSE, LTD
STREET ADDRESS	225 WEST 39TH STREET
CITY-ST-ZIP	NEW YORK, NY 10018
TITLE	MGRM
NAME	BECKER, VERA WANG
STREET ADDRESS	225 WEST 39TH STREET
CITY-ST-ZIP	NEW YORK, NY 10018
TITLE	MGRM
NAME	HAZZARD, CHET
STREET ADDRESS	225 WEST 39TH STREET
CITY-ST-ZIP	NEW YORK, NY 10018
TITLE	MGRM
NAME	KWOKA, MARK
STREET ADDRESS	11260 FORTUNE CIRCLE, SUITE J-4
CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/23/04-80171-021 50.00

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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 #