


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 05, 2004 8:00 am
Secretary of State

02-05-2004 90077 023 ****50.00

DOCUMENT # M01000002484 1. Entity Name FORTUNE FASHIONS-INDUSTRIES LLC	
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Principal Place of Business 4700 BOYLE AVENUE VERNON, CA 90058	Mailing Address 4700 BOYLE AVENUE VERNON, CA 90058
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DO NOT WRITE IN THIS SPACE



01082004 No Chg-LLC CR2E083 (10/03)

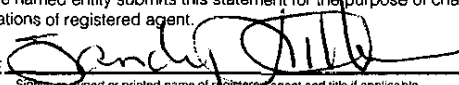
4. FEI Number 95-4859366	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LITTON, SANDY
 12667 KIRBY SMITH RD
 ORLANDO, FL 32809
 32832

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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:  DATE: 1-31-04

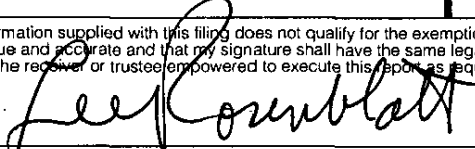
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KAYNE, FRED 4700 SO. BOYLE AVE VERNON, CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROSENBLATT, LEE 4700 SO. BOYLE AVE VERNON, CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  DATE: 1/19/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #