## 2005 LIMITED LIABILITY COMPANY

SIGNATURE: \_

Jan 10, 2005 08:00 AM
Secretary of State

	ANNUAL REPORT	G ( C ( C ( C ( C ( C ( C ( C ( C ( C (		
1. Entity Nam	MENT # M0200001368 VICH BRANDS, L.L.C.		Seci	retary of State
Principal Place of Business         Mailing Address           256 POST RD. EAST         256 POST RD. EAST           SUITE 205         SUITE 205           WESTPORT, CT 06880         WESTPORT, CT 06880			 1	 
DO NOT WRITE IN THIS SPACE		CF		CR2E083 (10/03)
		<b>-</b>	4. FEI Number 06-1292969  5. Certificate of Status Desired	Applied For   Not Applicable     \$5.00 Additional   Fee Required
6. Name and Address of Current Registered Agent				
SOCARRAS, OSCAR 7812 NW 54TH STREET MIAMI, FL 33166			DO NOT WR	,
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 (INDTE Registered Agent signature required when reinstating) DATE				
Filing Fee is \$50.00 Due by May 1, 2005				
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LYONS, DANIEL J JR 256 POST RD. EAST, STE. 205 WESTPORT, CT 06880		U000001 01/10/05-8	75695 0060-014 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPA	CE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	e:		
11. I hereby certify that the information supplied with this filling 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 path; 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.				