2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # M03000000366

1. Entity Name
ABC CATALOG, LLC

Principal Place of Business	Mailing Address
14445 N.E. 20TH LANE NORTH MIAMI, FL 33181	14445 N.E. 20TH LANE NORTH MIAMI, FL 33181

02062004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number
52-2305456
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ATRIUM REGISTERED AGENTS, INC. 1550 SAN REMO AVE., SUITE 125 CORAL GABLES, FL 33146	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	MGRM CALUSA TRUST 14445 N.E. 20TH LANE NORTH MIAMI, FL 331811446	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition U00000094250 03/22/04-80051-017 50.00
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	MGRM LEIBOWITZ, MARVIN 14445 N.E. 20TH LANE NORTH MIAMI, FL 331811446	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	MGRM LEIBOWITZ LIVING TRUST 14445 N.E. 20TH LANE NORTH MIAMI, FL 331811446	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition

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: _____ 3/18/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — DATE