


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 21, 2005 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # M03000001945 1. Entity Name OPTI-CLIP INTERNATIONAL LLC |  |
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|--|--|
| Principal Place of Business 5200 TOWN CENTER CIRCLE, STE. 525 BOCA RATON, FL 33486 | Mailing Address 5200 TOWN CENTER CIRCLE, STE. 525 BOCA RATON, FL 33486 |
|--|--|

DO NOT WRITE IN THIS SPACE



01132005No Chg-LLC

CR2E083 (10/03)

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|--|-----------------------------------|
| 4. FEI Number 65-1091222 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$5.00 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent D'ANGELO, RALPH 5200 TOWN CENTER CIRCLE, STE. 525 BOCA RATON, FL 33486 |
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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.

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|--|------------|
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)</small> | DATE _____ |
|--|------------|

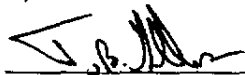
**Filing Fee is \$50.00
Due by May 1, 2005**

| 9. MANAGING MEMBERS/MANAGERS | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | MGR GELBART, TONY 5200 TOWN CENTER CIRCLE, STE. 525 BOCA RATON, FL 33486 |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | MGR STRUHL, WARREN 5200 TOWN CENTER CIRCLE, STE. 525 BOCA RATON, FL 33486 |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | MGR STRUHL, TEDDY 5200 TOWN CENTER CIRCLE, STE. 525 BOCA RATON, FL 33486 |
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| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | |

1000000188251
01/24/05-80047-007 55.00

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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:  | Date: 1/18/05 | Daytime Phone #: 561-962-3100 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> | | |