2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M03000002789

FILED Mar 22, 2005 8:00 am Secretary of State

03-22-2005 90183 024 ****50 00

1. Entity Name CATWALK DISTRIBUTION, LLC					03-22-2003 9	0183 024 30.00	
Principal Place	e of Business	Mailing Address				000000	
6040 N.W. 43RD TERRACE 6040 N.W. 43RD TERRACE				ļ		20023677	
BOCA RATON, FL 33496 BOCA RATON, FL 33496							
	•	·				* 4x.4	
2. Principal P 824	lace of Business E Atlantic Ave	3. Mailing Address A+ 6.	ntec H	he			
Suite, Apt. Suite	· _	Suite, Apt. #, etc.			02282005 Chg-LLC	CR2E083 (10/03)	
	e Bo / C/	City & State	0 . 1	F1	4. FEI Number	Applied For	
verre	ry beach th	Oelray Be	uch_	4	20-1311477	Not Applicable	
33 48		33483	Country USA		5. Certificate of Status Desired	S5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent					7. Name and Address of New R	legistered Agent	
PLOUNT OPECOPY!							
					P.O. Box Number is Not Acceptable		
0040 1444 431CD LEITIONCE				24	E Atlantice	Avenue -	
500,1101	1011,12 00402		S	it	e 7		
				elr	ay Beach	FL Zip Code 483	
8. The above	e above named exity submits this statement for the porpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept						
This configuration is only distributed a spirity							
SIGNATURE.	Signature, typed or dright diame of registered agent a	nd title if applicable (NOTE: Red	istered Appet signet	ura required	when reignisting)	1660	
Signature, typed or grint duhame of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
Filling Fee is \$50.00 Make check payable to							
ו ס	Country 6. Name and Address of Current 6. Name and Address of Current COUNT, GREGORY J 040 NW 43RD TERRACE OCA RATON, FL 33432 The above named exhity submits this statement for the obligations of projectered agent GNATURE Signature, typed or funishmen of registered agent Filling Fee is \$50.00 Due by May 1, 2005 MANAGING MEMB ILE MGRM BLOUNT, TRICIA 6040 N.W. 43RD TERRACE IV-ST-ZIP BOCA RATON, FL 33496 ILE MGRM				Florida Department of State		
			•			74	
9.	MANAGING MEMBERS/MANAGERS 10.				ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE	MG	em s	Change	
NAME	·		NAME	1810.	em, Pricia IE Atlantic A		
STREET ADDRESS	l e e e e e e e e e e e e e e e e e e e		STREET ADDRESS	824	E Atlantic H	Time suite!	
CITY-ST-ZIP	BOCA RATON, FL 33496	•	CITY-ST-ZIP	ه (آ	Iray Beach,	FC 33483	
TITLE	MGRM	☐ Delete	TITLE	MG	pul !	Change Addition	
NAME	BLOUNT, GREGORY	B	NAME		regory	1 / 7	

824 E Atlantic Avene Sude 7 STREET ADDRESS 6040 N.W. 43RD TERRACE STREET ADDRESS BOCA RATON, FL 33496 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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:

NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/18/05

561-279-4685