

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 15, 2005 8:00 am
Secretary of State

02-15-2005 90048 026 ****50.00

DOCUMENT # M03000003324	
1. Entity Name FASHION SQUARE II, LLC	

Principal Place of Business 207 DALEVIEW CIRCLE RUSSELVILLE, KY 42276	Mailing Address 207 DALEVIEW CIRCLE RUSSELVILLE, KY 42276
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

01282005 Chg-LLC CR2E083 (10/03)

4. FEI Number 86-1078226	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent SEWELL, ROBERT 655 JEFFREY STREET #4 BOCA RATON, FL 33487	7. Name and Address of New Registered Agent Name SEWELL, ROBERT Street Address (P.O. Box Number is Not Acceptable) 1191 N.E. 23rd TERRACE APT. # 1 City POMPANO BEACH FL Zip Code 33062
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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 *Robert O. Sewell* DATE **2-3-05**

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

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FORRY, DAWN E 207 DALEVIEW CIRCLE RUSSELVILLE, KY 42276 ☐ 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
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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: *Dawn E. Forry* DATE **1/28/05** 270-726-7961

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