


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90029 011 \*\*\*\*50.00

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| <b>DOCUMENT #</b> M04000005161                 |  |
| <b>1. Entity Name</b><br>COSTA RICAN GIFTS LLC |   |

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|---|---|
| <b>Principal Place of Business</b><br>941 NW 2ND AVENUE<br>BOCA RATON, FL 33432 | <b>Mailing Address</b><br>941 NW 2ND AVENUE<br>BOCA RATON, FL 33432 |
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| <b>2. Principal Place of Business</b><br>1801 Polk Street<br>Suite, Apt. #, etc.<br>P.O. Box 1392<br>City & State<br>Hollywood, FL<br>Zip<br>33022<br>Country<br>USA | <b>3. Mailing Address</b><br>1801 Polk Street<br>Suite, Apt. #, etc.<br>P.O. Box 1392<br>City & State<br>Hollywood, FL<br>Zip<br>33022<br>Country<br>USA |
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04222005 Chg-LLC CR2E083 (10/03)

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| <b>4. FEI Number</b><br>20-1819467 | <b>Applied For</b><br><input type="checkbox"/> Not Applicable |
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| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |
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| <b>6. Name and Address of Current Registered Agent</b><br><br>LYNCH, MICHAEL DANIEL<br>941 NW 2ND AVENUE<br>BOCA RATON, FL 33432 | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Lynch, Michael<br>Street Address (P.O. Box Number is Not Acceptable)<br>700 E. Dania Beach Blvd #202<br>City<br>Dania<br>FL<br>Zip Code<br>33004 |
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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 Michael Lynch (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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| <b>Filing Fee is \$50.00<br/>Due by May 1, 2005</b> | <b>Make check payable to<br/>Florida Department of State</b> |
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| 9. MANAGING MEMBERS/MANAGERS                   |   | 10. ADDITIONS/CHANGES                          |  |
|--|---|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>RAMSEY, RONALD CRAIG<br>941 NW 2ND AVENUE<br>BOCA RATON, FL 33432 <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>Ramsey, Ronald Craig<br>1801 Polk Street P.O. Box 1392<br>Hollywood, FL 33022 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>LYNCH, MICHAEL DANIEL<br>941 NW 2ND AVENUE<br>BOCA RATON, FL 33432 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>Lynch, Michael Daniel<br>1801 Polk Street P.O. Box 1392<br>Hollywood, FL 33022 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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 606, Florida Statutes.**

SIGNATURE: Michael Lynch  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_