



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90043 010 ****55.00

DOCUMENT # M04000005420					
1. Entity Name RETRO BRANDS, LLC					
Principal Place of Business 4481 STIRLING ROAD FORT LAUDERDALE, FL 33314			Mailing Address 4481 STIRLING ROAD FORT LAUDERDALE, FL 33314		
2. Principal Place of Business 12951 NW 23 Street Suite, Apt. #, etc.		3. Mailing Address 12951 NW 23 Street Suite, Apt. #, etc.			
City & State Pembroke Pines FL		City & State Pembroke Pines FL		4. FEI Number 20-0936880	
Zip 33028		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LASHBROOK, GARTH D 4481 STIRLING ROAD FORT LAUDERDALE, FL 33314			7. Name and Address of New Registered Agent Name: Lee Spear Street Address (P.O. Box Number is Not Acceptable): 12951 NW 23 Street City: Pembroke Pines FL Zip Code: 33028		
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: <i>Lee Spear</i> (NOTE: Registered Agent signature required when reinstating) DATE: 4.20.2005					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LASHBROOK, GARTH D <input checked="" type="checkbox"/> Delete 4481 STIRLING ROAD FORT LAUDERDALE, FL 33314		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SPEAR, LEE E. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 12951 NW 23 Street Pembroke Pines FL 33028	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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 608, Florida Statutes.					
SIGNATURE: <i>Lee Spear</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date: 4.20.2005 Daytime Phone #: 954.431.8489		