## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L01000000453

1. Entity Name
DESIGNERS LOGISTICS SUPPORT LLC

FILED Jan 30, 2006 08:00 AM Secretary of State

Principal Place of Business

8360 CURRENCY DR

STE 2

WEST PALM BEACH, FL 33404

Mailing Address

8360 CURRENCY DR

STE 2

DO NOT WRITE IN THIS SPACE

WEST PALM BEACH, FL 33404



01132006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-1065289 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

8. Name and Address of Current Registered Agent

ARMOUR, ALAN I II 1645 PALM BEACH LAKES BLVD. SUITE 1200 WEST PALM BEACH, FL 33401

## DO NOT WRITE IN THIS SPACE

		1		
	a named entity submits this statement for the purpose of char tions of registered agent.	nging its registered office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or profied name of registered agent and one if approachie (NOTE: Registered Agent signature required when relingiating) DATE			
	Signature, typed or primed name of registered agent and the ir applicable	(NOTE: Registered Agent signature required when relinitating)	DATE	
F	iling Fee is \$50.00 ue by May 1, 2006	,	-	
9.	MANAGING MEMBERS/MANAGERS		880888489782 02/89/86-88006-011 55.00	
TITLE	P			
HAME	MCCOWAN, THOMAS H	•		
STREET ADDRESS	630 SOUTHWIND CIRCLE #5			
City-St-Zip	NORTH PALM BEACH, FL 33408			
TITLE	Р			
NAME	LEACH, TERRY H	•		
STREET ADDRESS	1086 S DARLING ST.	1		
CITY-ST-ZIP	STUART, FL 34997			
TITLE				
NAME				
STREET ADDRESS		100	NOT WRITE	
City-St-Zip			MOI WINIE	
TITLE		I INI	THIS SPACE	
NAME		1 11	THIS OF ACE	
STREET ADDRESS	}	3		
C15Y-ST-70P	ł	5		

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 flability company or the receiver or trustee empowered to execute this apport as regioned by Chapter 808, Florida Statutes.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

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

1-13-06

Daylime Phon