


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2004 08:00 AM**  
**Secretary of State**

|   |                        |  |   |   |   |
|---|------------------------|--|---|---|---|
| DOCUMENT # L03000046127   |                        |  |   |      |   |
| 1. Entity Name<br><b>INFINITY DESIGNS, LLC</b>  |                        |  |   |   |   |
| Principal Place of Business<br><b>7172 N.W. 62ND TERRACE<br/>PARKLAND FL 33067<br/>US</b>   |                        |  | Mailing Address<br><b>7172 N.W. 62ND TERRACE<br/>PARKLAND FL 33067<br/>US</b> |   |   |
| 2. Principal Place of Business  |                        | 3. Mailing Address   |   |   |   |
| Suite, Apt. #, etc.   |                        | Suite, Apt. #, etc.  |   |   |   |
| City & State  |                        | City & State   |   |   |   |
| Zip   |                        | Country  |   | Zip   |   |
| Country   |                        | Country  |   | 4. FEI Number   |   |
|   |                        |  |   | Applied For<br><input checked="" type="checkbox"/> Not Applicable                     |   |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required   |                        |  |   |   |   |
| 6. Name and Address of Current Registered Agent   |                        |  | 7. Name and Address of New Registered Agent                                   |   |   |
| <b>KIRSNER, VICKI L</b><br><b>7172 N.W. 62ND TERRACE</b><br><b>PARKLAND FL 33067</b>  |                        |  | Name  |   |   |
|   |                        |  | Street Address (P.O. Box Number is Not Acceptable)                            |   |   |
|   |                        |  | City  |   |   |
|   |                        |  | <b>FL</b>   |   | Zip Code  |
| 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>VICKI L. KIRSNER</i>   |                        | Signature, typed or printed name of registered agent and title if applicable |   | (NOTE: Registered Agent signature required when resigning)<br><i>Vicki L. Kirsner</i> |   |
|   |                        |  |   | DATE <i>2-2-04</i>  |   |
| <b>FILE NOW!!! FEE IS \$50.00</b><br><b>Make Check Payable to Florida Department of State</b><br><b>Due By May 1, 2004</b>  |                        |  |   |   |   |
| 9. MANAGING MEMBERS/MANAGERS  |                        |  |   | 10. ADDITIONS/CHANGES   |   |
| TITLE   | MGRM                   | <input type="checkbox"/> Delete  |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | KIRSNER, VICKI L       |  |   | NAME  | <b>U00000034757</b>   |
| STREET ADDRESS  | 7172 N.W. 62ND TERRACE |  |   | STREET ADDRESS  | <b>02/05/04-80096-015 55.00</b>                                   |
| CITY-ST-ZIP   | PARKLAND FL 33067      |  |   | CITY-ST-ZIP   |   |
| TITLE   |                        | <input type="checkbox"/> Delete  |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |                        |  |   | NAME  |   |
| STREET ADDRESS  |                        |  |   | STREET ADDRESS  |   |
| CITY-ST-ZIP   |                        |  |   | CITY-ST-ZIP   |   |
| TITLE   |                        | <input type="checkbox"/> Delete  |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |                        |  |   | NAME  |   |
| STREET ADDRESS  |                        |  |   | STREET ADDRESS  |   |
| CITY-ST-ZIP   |                        |  |   | CITY-ST-ZIP   |   |
| TITLE   |                        | <input type="checkbox"/> Delete  |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |                        |  |   | NAME  |   |
| STREET ADDRESS  |                        |  |   | STREET ADDRESS  |   |
| CITY-ST-ZIP   |                        |  |   | CITY-ST-ZIP   |   |
| TITLE   |                        | <input type="checkbox"/> Delete  |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |                        |  |   | NAME  |   |
| STREET ADDRESS  |                        |  |   | STREET ADDRESS  |   |
| CITY-ST-ZIP   |                        |  |   | CITY-ST-ZIP   |   |



MOORE CR2E083 (11/03)

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:** *VICKI L. KIRSNER, Vicki L. Kirsner* *2-2-04*