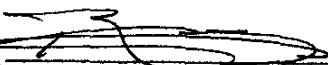


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90340 006 ****50.00

DOCUMENT # L04000035955 1. Entity Name DESIGNS & PERMIT DRAWING LTD. CO.					
Principal Place of Business 1428 GULF TO BAY BLVD. CLEARWATER, FL 33755			Mailing Address 904 RICHARDS AVE. CLEARWATER, FL 33755		
2. Principal Place of Business - No P.O. Box # 1255 CLEVELAND ST. Suite, Apt. #, etc. SUITE 102 City & State CLEARWATER FL Zip 33755		3. Mailing Address 1255 CLEVELAND ST. Suite, Apt. #, etc. SUITE 102 City & State CLEARWATER FL Zip 33755 Country USA			
01042007 Chg-LLC CR2E083 (12/06)		4. FEI Number 04-3792900		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent YOUNG, DAVID RANDELL 904 RICHARDS AVE. CLEARWATER, FL 33755	
7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL 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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR YOUNG, DAVID RANDELL 904 RICHARDS AVE. CLEARWATER, FL 33755 ☐ 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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ 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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ 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	
11. I hereby certify that the information supplied with this filing 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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE:  DAVID R YOUNG 4 JAN 2008 727-446-8022 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					