

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000015881

FILED
Apr 24, 2006
Secretary of State

Entity Name: THETA DESIGN, LLC

Current Principal Place of Business:

2046 SHADOW LN
CLEARWATER, FL 33763 US

New Principal Place of Business:

469 SWALECLIFF CLOSE
PALM HARBOR, FL 34683 US

Current Mailing Address:

P.O.BOX 5311
CLEARWATER, FL 33758 US

New Mailing Address:

469 SWALECLIFF CLOSE
PALM HARBOR, FL 34683 US

FEI Number: 26-0106595

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JANOSI, ZOLTAN
2046 SHADOW LN
CLEARWATER, FL 33763 US

Name and Address of New Registered Agent:

WELTON, ANNETTE L
469 SWALECLIFF CLOSE
PALM HARBOR, FL 34683 US

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.

SIGNATURE: ANNETTE WELTON

04/24/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: JANOSI, ZOLTAN
Address: P.O.BOX 5311
City-St-Zip: CLEARWATER, FL 33758 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: JANOSI, ZOLTAN G
Address: 141 N. KENWOOD ST., APT. 20
City-St-Zip: GLENDALE, CA 91206 US

Title: MGR () Change (X) Addition
Name: JANOSI, JENNIFER L
Address: 141 N. KENWOOD ST., APT. 20
City-St-Zip: GLENDALE, CA 91206 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ZOLTAN JANOSI

MGR

04/24/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date