

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

04-16-2002 90089 045 ****50.00

DOCUMENT # L01000000453

1. Entity Name

DESIGNERS LOGISTICS SUPPORT LLC

Principal Place of Business

630 SOUTHWIND CIRCLE #5
 ATTN: THOMAS MCCOWAN
 NORTH PALM BEACH FL 33408

Mailing Address

630 SOUTHWIND CIRCLE #5
 ATTN: THOMAS MCCOWAN
 NORTH PALM BEACH FL 33408

2. Principal Place of Business

8360 Currency Dr

Suite, Apt. #, etc.

Suite 2

City & State

Riviera Beach

Zip 33404

Country USA

3. Mailing Address

8360 Currency Dr

Suite, Apt. #, etc.

Suite 2

City & State

Riviera Beach

Zip 33404

Country USA

4. FEI Number

65-1065289

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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.

SIGNATURE

Signature, typed or printed name of registered agent and site if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE Partner Delete
 NAME Thomas H. McCowan
 STREET ADDRESS 630 Southwind Circle #5
 CITY-ST-ZIP North Palm Beach, FL 33408

TITLE Partner Delete
 NAME Terry H. Leach
 STREET ADDRESS 1741 Indian Rocks Rd.
 CITY-ST-ZIP Belleair, FL

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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10. ADDITIONS/CHANGES

TITLE Change Addition
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 STREET ADDRESS
 CITY-ST-ZIP

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: Terry H. Leach (TERRY H. LEACH)

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

4-1-02

Date

561-840-9441

Daytime Phone #

CR2E083 (8/01)