

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**Feb 27, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L01000000453</b>					
1. Entity Name <b>DESIGNERS LOGISTICS SUPPORT LLC</b>					
Principal Place of Business 8360 CURRENCY DR STE 2 WEST PALM BEACH FL 33404			Mailing Address 8360 CURRENCY DR STE 2 WEST PALM BEACH FL 33404		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>65-1065289</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>ARMOUR, ALAN II</b> <b>1645 PALM BEACH LAKES BLVD.</b> <b>SUITE 1200</b> <b>WEST PALM BEACH FL 33401</b>			Name		
			Street Address (P O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2004</b>					
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	P			TITLE	
NAME	MCCOWAN, THOMAS H	<input type="checkbox"/> Delete		NAME	
STREET ADDRESS	630 SOUTHWIND CIRCLE #5			STREET ADDRESS	
CITY - ST - ZIP	NORTH PALM BEACH FL 33408			CITY - ST - ZIP	
TITLE	P			TITLE	
NAME	LEACH, TERRY H	<input type="checkbox"/> Delete		NAME	
STREET ADDRESS	1086 S DARLING ST.			STREET ADDRESS	
CITY - ST - ZIP	STUART FL 34997			CITY - ST - ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY - ST - ZIP				CITY - ST - ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY - ST - ZIP				CITY - ST - ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY - ST - ZIP				CITY - ST - ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY - ST - ZIP				CITY - ST - ZIP	



MOORE CR2E083 (11/03)

4. FEI Number **65-1065289**

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

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

Name  
 Street Address (P O. Box Number is Not Acceptable)  
 City **FL** Zip Code

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	P			TITLE	
NAME	MCCOWAN, THOMAS H	<input type="checkbox"/> Delete		NAME	
STREET ADDRESS	630 SOUTHWIND CIRCLE #5			STREET ADDRESS	
CITY - ST - ZIP	NORTH PALM BEACH FL 33408			CITY - ST - ZIP	
TITLE	P			TITLE	
NAME	LEACH, TERRY H	<input type="checkbox"/> Delete		NAME	
STREET ADDRESS	1086 S DARLING ST.			STREET ADDRESS	
CITY - ST - ZIP	STUART FL 34997			CITY - ST - ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY - ST - ZIP				CITY - ST - ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY - ST - ZIP				CITY - ST - ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY - ST - ZIP				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)(f), 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** 2-23-04 561-840-9441