


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 30, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L01000000453  
 1. Entity Name  
**DESIGNERS LOGISTICS SUPPORT LLC**



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
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**DO NOT WRITE IN THIS SPACE**



01132006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 65-1065289	Applied For Not Applicable
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5. Certificate of Status Desired  \$5.00 Additional Fee Required

8. Name and Address of Current Registered Agent  
 ARMOUR, ALAN III  
 1645 PALM BEACH LAKES BLVD.  
 SUITE 1200  
 WEST PALM BEACH, FL 33401

**DO NOT WRITE IN THIS SPACE**

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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCCOWAN, THOMAS H 630 SOUTHWIND CIRCLE #5 NORTH PALM BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEACH, TERRY H 1086 S DARLING ST. STUART, FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 02/09/06-80006-011 55.00

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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 808, Florida Statutes.

SIGNATURE: Terry H Leach 1-13-06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #