

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000004558

**FILED**  
**Mar 20, 2006**  
**Secretary of State**

**Entity Name:** DESIGNS OF AMERICA, L.L.C.

**Current Principal Place of Business:**

700 SE 9TH STREET  
SUITE 305  
DANIA BEACH, FL 33004

**New Principal Place of Business:**

361 EAST SHERIDAN STREET  
SUITE 301  
DANIA BEACH, FL 33004

**Current Mailing Address:**

700 SE 9TH STREET  
SUITE 305  
DANIA BEACH, FL 33004

**New Mailing Address:**

361 EAST SHERIDAN STREET  
SUITE 301  
DANIA BEACH, FL 33004

**FEI Number:** 65-1172374

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CAPIZZI, ANNA MARIA  
700 S.E. 9TH STREET  
SUITE 305  
DANIA, FL 33004 US

**Name and Address of New Registered Agent:**

CAPIZZI, ANNA MARIA  
361 EAST SHERIDAN STREET  
SUITE 301  
DANIA BEACH, FL 33004 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:

03/20/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CAPIZZI, ANNA MARIA  
Address: 700 S.E. 9TH STREET, SUITE 305  
City-St-Zip: DANIA, FL 33004

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: CAPIZZI, ANNA MARIA  
Address: 361 EAST SHERIDAN STREET  
City-St-Zip: DANIA BEACH, FL 33004

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: ANNA-MARIA CAPIZZI

MGRM

03/20/2006

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