

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000000061

1. Entity Name  
DESIGN MIAMI, LLC



FILED

06 APR 27 AM 10:26

CLERK OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1632 PENNSYLVANIA AVE.  
2ND FLOOR  
MIAMI BEACH, FL 33139

Mailing Address  
1632 PENNSYLVANIA AVE.  
2ND FLOOR  
MIAMI BEACH, FL 33139



04142006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0987872

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROBINS, CRAIG  
1632 PENNSYLVANIA AVE.  
MIAMI BEACH, FL 33139

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	DESIGN MIAMI, INC.
STREET ADDRESS	1632 PENNSYLVANIA AVE.
CITY- ST- ZIP	MIAMI BEACH, FL 33139
TITLE	MGRM
NAME	ROBINS, CRAIG MR
STREET ADDRESS	1632 PENNSYLVANIA AVE.
CITY- ST- ZIP	MIAMI BEACH, FL 33139
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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**DO NOT WRITE  
IN THIS SPACE**

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 608, Florida Statutes.

DESIGN MIAMI, LLC.

SIGNATURE:

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

Date

Daytime Phone #

STEVEN CARTENSTON, VICE PRESIDENT

4/17/06 305-531-8700