


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 11, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000000899 1. Entity Name L.A.W. DESIGN, L.L.C.	
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Principal Place of Business 1080 COMMERCE BLVD. MIDWAY, FL 32343	Mailing Address 1080 COMMERCE BLVD. MIDWAY, FL 32343
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DO NOT WRITE IN THIS SPACE



02072005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-3582173	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

SMITH, LAURA
1080 COMMERCE BLVD.
MIDWAY, FL 32343

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMITH, LAURA A 1080 COMMERCE BLVD. MIDWAY, FL 32343
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMITH, KEVIN W 1080 COMMERCE BLVD. MIDWAY, FL 32343
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02/11/05-80043-003 50.00

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IN THIS SPACE**

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: Laura Smith Laura Smith 2/10/05 8502249571
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #