


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 15, 2006 08:00 AM
Secretary of State

DOCUMENT # L00000012343 1. Entity Name DESIGN PROPERTIES OF THE PALM BEACHES, LLC	
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Principal Place of Business 12010 US HWY ONE NORTH PALM BEACH, FL 33408	Mailing Address 12010 US HWY ONE NORTH PALM BEACH, FL 33408
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DO NOT WRITE IN THIS SPACE



01062006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-1147998	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

HAMBY, LOUIS L III, ESQ
C/O ALLEY, MAASS, ROGERS & LINDSAY
321 ROYAL POINCIANA PLAZA SOUTH
PALM BEACH, FL 33480

**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 reappointing) DATE _____

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


9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DALTON, ELIZABETH ANN 7190 TRADITION COVE LANE EAST WEST PALM BEACH, FL 33412
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000000434434 SC
02/25/06 80002-001 150.00

000000434434
02/25/06 80002-001 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 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.

SIGNATURE:  ELIZABETH A. DALTON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date _____ Daytime Phone # _____