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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000000452

1. Entity Name
STEVE CROMWELL DESIGNS LIMITED COMPANY

Principal Place of Business	Mailing Address
450 ROYAL PALM WAY, SUITE 401 C/O W. MORGAN SPEER PALM BEACH, FL 33480	450 ROYAL PALM WAY, SUITE 401 C/O W. MORGAN SPEER PALM BEACH, FL 33480

2. Principal Place of Business		3. Mailing Address	
224 DATURA STREET		224 Datura Street	
Suite, Apt. #, etc. #807		Suite, Apt. #, etc. 807	
City & State West Palm Beach, FL		City & State W. Palm Bch, FL	
Zip 33401	Country Palm Beach	Zip 33401	Country Palm Beach

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number [X] Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SPEER, W. MORGAN 1600 AUSTRALIAN AVENUE SOUTH SUITE 100 WEST PALM BEACH, FL 33409	Name Street Address (P.O. Box Number Is Not Acceptable) City FL Zip Code

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

400017620834
04/30/03--01122--003 **50.00

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	CROMWELL, STEVEN E		NAME		
STREET ADDRESS	224 DATURA STREET		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33401		CITY-ST-ZIP		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~04/30/03--01122--003 **50.00~~	☐ Change ☐ Addition
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CR2E083 (10/02)

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: Steven E. Cromwell 4·20·2003 541-379-9749

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #