## 2004 LIMITED LIABILITY COMPANY

## **FILED ANNUAL REPORT** Apr 26, 2004 08:00 AM Secretary of State DOCUMENT # L01Ø00000859 IN-DÉSIGN, LLC Principal Place of Business Mailing Address 811 N. FEDERAL HWY 811 N. FEDERAL HWY BOCA RATON, FL 33432 BOCA RATON, FL 33432 01102004 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1106428 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HANSEN, KAREN DO NOT WRITE 811 N FEDERAL HWY BOCA RATON, FL 33432 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, typod or printed name of registered egent and title if applicable (NOTE Registered Agent signature required whon reinstating) U00000:28849 Filing Fee is \$50.00 Due by May 1, 2004 04/25/04-80053-021 50.60 9. MANAGING MEMBERS/MANAGERS MGR THILE NAME RACHLIN, LAURA A 811 N. FEDERAL HWY STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33432 THILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ACCRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

11. I hereby certify that the information supplied with this filling 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 fimilted liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

Daytime Phone #