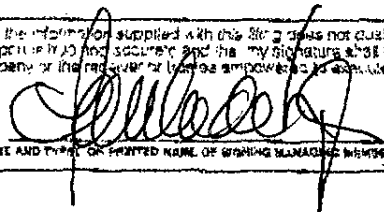


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000005233			
1. Entity Name: KOMO DESIGNS, L.L.C.			
Principal Place of Business 293 MIRACLE WILE CORAL GABLES FL 33134		Mailing Address 2742 BISCAYEN BLVD. MIAMI FL 33137	
2. Principal Place of Business		3. Mailing Address	
SUNO APR 15 2005		SUNO APR 15 2005	
City & State		City & State	
Zip		Country	
4. FEI Number 63-1092526		Approved For ☐ No, Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DE NIEMEYER-HAHANE, PATRICIA 2742 BISCAYEN BLVD. MIAMI, FL 33137		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for no 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 _____ DATE _____			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
8. MANAGING MEMBERS/MANAGERS		9. ADDITIONS/CHANGES	
NAME TITLE STREET ADDRESS CITY-STATE-ZIP	☐ Delete	NAME TITLE STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Add
NAME TITLE STREET ADDRESS CITY-STATE-ZIP	☐ Delete	NAME TITLE STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Add
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NAME TITLE STREET ADDRESS CITY-STATE-ZIP	☐ Delete	NAME TITLE STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Add
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 contained on this report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am a managing member or manager of this limited liability company or the preparer or has been empowered to execute this report as required by Chapter 605, Florida Statutes.			
SIGNATURE: 			
SIGNATURE AND TYPE OF PRINTED NAME OF WORKING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE			