

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90055 026 \*\*\*\*50.00

**DOCUMENT # L01000006956**

1. Entity Name  
**THE HOUSE DESIGNERS, LLC**



Principal Place of Business  
**580 CAPE COD LANE  
LANDING TOWNE SHOPPES, SUITE 9  
ALTAMONTE SPRINGS, FL 32714**

Mailing Address  
**580 CAPE COD LANE  
LANDING TOWNE SHOPPES, SUITE 9  
ALTAMONTE SPRINGS, FL 32714**

00043347



2. Principal Place of Business - No P.O. Box #  
**181 Main Street**

3. Mailing Address  
**181 Main Street**

04272007 Chg-LLC CR2E083 (12/06)

Suite, Apt. #, etc.  
**Suite C**

Suite, Apt. #, etc.  
**Suite C**

City & State  
**Monroe CT**

City & State  
**Monroe CT**

4. FEI Number  
**59-3716529**

Applied For  
Not Applicable

Zip  
**06468**

Country  
**USA**

Zip  
**06468**

Country  
**USA**

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

**6. Name and Address of Current Registered Agent**

**ZIRKEL, JAMES E**  
**580 CAPE COD LANE  
LANDING TOWNE SHOPPES, SUITE 9  
ALTAMONTE SPRINGS, FL 32714**

**7. Name and Address of New Registered Agent**

Name **Tammy Crosby**  
Street Address (P.O. Box Number is Not Acceptable)  
**580 Cape Cod Lane**  
**Landing Towne Shoppes Suite 9**  
City **Altamonte Springs FL** Zip Code **32714**

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 **Tammy Crosby**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4.27.07**  
DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE **MGR** ☐ Delete  
NAME **JAMES, LARRY Benny James**  
STREET ADDRESS **2208 JUSTICE STREET**  
CITY-ST-ZIP **MONROE, LA 71201**

TITLE **MGR** ☐ Delete  
NAME **AXEL ROSS, JERRY Perfect Home Plans**  
STREET ADDRESS **66 HARNED ROAD**  
CITY-ST-ZIP **COMMACK, NY 11725**

TITLE **MGR** ☐ Delete  
NAME **SNODGRASS, FRANK Living Concepts**  
STREET ADDRESS **659 CARY TOWNE BLVD, STE 280 7400 Carmel**  
CITY-ST-ZIP **SMYRNA, GA 30080 Exec. Park, Charlotte NC 28226**

TITLE **MGR** ☐ Delete  
NAME **MASCORD, ALAN Alan Mascord**  
STREET ADDRESS **1305 NW 18TH AVENUE Design Associates**  
CITY-ST-ZIP **PORTLAND, OR 97209**

TITLE **MGR** ☐ Delete  
NAME **ZIRKEL, JIM**  
STREET ADDRESS **580 CAPE COD LANE, SUITE 9**  
CITY-ST-ZIP **ALTAMONTE SPRINGS, FL 32714**

TITLE **MGR** ☒ Delete  
NAME **ZIRKEL, JIM MGR**  
STREET ADDRESS **580 CAPE COD LANE**  
CITY-ST-ZIP **ALTAMONTE, FL 32714**

**10. ADDITIONS/CHANGES**

TITLE **MGR** ☐ Change ☒ Addition  
NAME **Danze + Davis Architects**  
STREET ADDRESS **4701 Spicewood Springs**  
CITY-ST-ZIP **Austin TX 78755**

TITLE **MGR** ☐ Change ☒ Addition  
NAME **Archival Designs**  
STREET ADDRESS **1235 Buford Highway**  
CITY-ST-ZIP **Suwanee GA 30024**

TITLE **MGR** ☐ Change ☒ Addition  
NAME **Atlanta Plan Source**  
STREET ADDRESS **1073 Pine Grove Drive**  
CITY-ST-ZIP **Alpharetta GA 30009**

TITLE **MGR** ☐ Change ☒ Addition  
NAME **Jannis Vam + Associates**  
STREET ADDRESS **1025 Rose Creek Dr Suite 620**  
CITY-ST-ZIP **Woodstock GA 30189**

TITLE **MGR** ☐ Change ☐ Addition  
NAME **Lifestyle Home Design**  
STREET ADDRESS **755 Larson Lane**  
CITY-ST-ZIP **Shoreview MN 55124**

TITLE **MGR** ☐ Change ☐ Addition  
NAME **Michael E. Nelson**  
STREET ADDRESS **2200 Fowler Ave, #D**  
CITY-ST-ZIP **Jonesboro AR 72401**

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: **Tammy Crosby** **Tammy Crosby**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**4.27.07 203 856 9334**  
Date Daytime Phone #

# ATTACHMENT

60043947

ATTACHMENT TO 207 LIMITED LIABILITY COMPANY ANNUAL REPORT FOR

THE HOUSE DESIGNERS, LLC

DOCUMENT #L01000006956

Two additional Managers:

**Edsel Breland**  
132 St. Annes Drive  
Hattiesburg, MS 39401

And

**Tammy Crosby**  
181 Main Street, Suite C  
Monroe, CT 06468

← I called your office  
and asked if I could  
make edits on 9. and I  
was told yes.

Tammy Crosby

