


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 01, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # L01000012446  
 1. Entity Name  
**BIZMARK DESIGN, LLC**



Principal Place of Business      Mailing Address  
 1243 FAIRWAY GREENS DR      1243 FAIRWAY GREENS DR  
 SUN CITY CENTER, FL 33573      SUN CITY CENTER, FL 33573



02282004 No Chg-LLC      CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 41-2036693	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 FLEURY, ROBERT W  
 1243 FAIRWAY GREENS DR  
 SUN CITY CENTER, FL 33573

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
 Due by May 1, 2004**

000000072984  
 03/02/04-80017-009 55.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FLEURY, ROBERT W 1243 FAIRWAY GREENS DR SUN CITY CENTER, FL 33573
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM STASZAK, DENNIS E 255 MICHELSON RD ROCHESTER, MI 48307
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FLEURY, ANN M 1243 FAIRWAY GREENS DR SUN CITY CENTER, FL 33573
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Robert W Fleury      **ROBERT W FLEURY**      2/27/04      813-634-2232  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #