


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
 1243 FAIRWAY GREENS DR
 SUN CITY CENTER, FL 33573

Mailing Address
 1243 FAIRWAY GREENS DR
 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 \$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 #