


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 02, 2006 8:00 am**  
**Secretary of State**

03-02-2006 90136 039 \*\*\*\*50.00

**DOCUMENT # L01000012446**

1. Entity Name  
**BIZMARK DESIGN, LLC**



Principal Place of Business  
**521 CARRIAGE HILLS DRIVE  
 TEMPLE TERRACE, FL 33617**

Mailing Address  
**521 CARRIAGE HILLS DRIVE  
 TEMPLE TERRACE, FL 33617**

2. Principal Place of Business  
**11462 CAPTIVA KAY DRIVE**

3. Mailing Address  
**11462 CAPTIVA KAY DRIVE**

Suite, Apt. #, etc.

City & State  
**RIVERVIEW FL**

City & State  
**RIVERVIEW FL**

Zip  
**33569** Country **USA**

Zip  
**33569** Country **USA**

02152006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
**41-2036693**

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

6. Name and Address of Current Registered Agent

**FLEURY, ROBERT W  
 521 CARRIAGE HILLS DRIVE  
 TEMPLE TERRACE, FL 33617**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**11462 CAPTIVA KAY DRIVE**

City **RIVERVIEW** **FL** Zip Code **33569**

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 *Robert W Fleury* **ROBERT W FLEURY, MGRM** 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, 2006**

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FLEURY, ROBERT W 521 CARRIAGE HILLS DRIVE TEMPLE TERRACE, FL 33617	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STASZAK, DENNIS E 255 MICHELSON RD ROCHESTER, MI 48307	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FLEURY, ANN M 521 CARRIAGE HILLS DRIVE TEMPLE TERRACE, FL 33617	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	11462 CAPTIVA KAY DRIVE RIVERVIEW FL 33569	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	11462 CAPTIVA KAY DRIVE RIVERVIEW FL 33569	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Robert W Fleury* **ROBERT W FLEURY** 2/15/06 873 741 2943

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #