
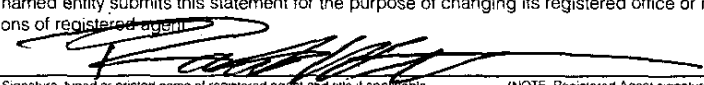
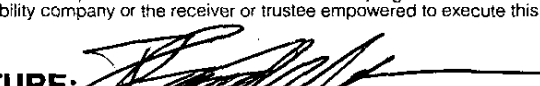


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 24, 2004 8:00 am**  
**Secretary of State**

02-24-2004 90100 039 \*\*\*\*50.00

<b>DOCUMENT # L01000012459</b> 1. Entity Name <b>DESIGN UNDERGROUND &amp; SITE DEVELOPMENT, LLC</b>					
Principal Place of Business <b>588 111TH AVE. NORTH NAPLES FL 34108</b>			Mailing Address <b>588 111TH AVE. NORTH NAPLES FL 34108</b>		
2. Principal Place of Business <b>314 EGRET AVE</b>		3. Mailing Address <b>314 EGRET AVE</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>NAPLES FL</b>		City & State <b>NAPLES FL</b>		4. FEI Number <b>59-3735203</b>	
Zip <b>34108</b>		Country <b>US2</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				MOORE CR2E083 (11/03)	
6. Name and Address of Current Registered Agent  <b>WILKERSON, RANDY 1061 COLLIER CENTER WAY, STE. 7 NAPLES FL 34110</b>			7. Name and Address of New Registered Agent Name <b>RANDY WILKERSON</b> Street Address (P.O. Box Number is Not Acceptable) <b>314 EGRET AVE</b> City <b>NAPLES</b> FL Zip Code <b>34108</b>		
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 <b>2/2/04</b>	
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2004</b>					
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM WILKERSON, RANDY 588 111TH AVE. N. NAPLES FL 34108</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM WILKERSON, RANDY 314 EGRET AVE NAPLES FL 34108</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 exemption stated in Section 119.07(3)(i), 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: 				Date <b>2/2/04</b> Daytime Phone # <b>(239) 947-3334</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					