## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L02000008185

1. Entity Name

DESIGN ARTS OF PALM BEACH, LLC



FILED
Feb 01, 2006 08:00 AN
Secretary of State

Principal Place of Business

2005 VISTA PKWY 100 WEST PALM BEACH, FL 33411 Mailing Address

2005 VISTA PKWY 100 WEST PALM BEACH, FL 33411



DO NOT WRITE IN THIS SPACE

01092006No Chg-LLC CR2E083 (11/05)

4. FEI Number 01-0667688

Applied For Not Applicab

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

THOMAS, DENNIS J 2005 VISTA PKWY 100 WEST PALM BEACH, FL 33411 -DO NOT WRITE IN THIS SPACE

8.	The above named entity submit	s phs spa	tement for the purp	oose of changing its	s registered office	or registered agent	, or both, it	n the State of Florida.	, I am familiar with	, and acceր
	The above named ontity submit the obligations of registered ag	ephit. //						. /	/	
	$\mathcal{L}(\mathcal{M})$	$k \mid k \mid J$	L			-		1/2	19/06	

SIGNATURE

Signature, typed or priviled name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00 Due by May 1, 2006 000000413872 02/11/06-80012-016 50.00

9.	MANAGING MEMBERS/MANAGERS				
TITLE	MGRM				
NAME	THOMAS, DENNIS J				
STREET ADDRESS	2005 VISTA PKWY 100				
CITY-ST-ZIP	WEST PALM BEACH, FL 33411				
TIBLE	MGRM				
NAME	JOHN, DAVID L				
STREET ADDRESS	2005 VISTA PKWY 100				
CITY-ST-ZIP	WEST PALM BEACH, FL 33411				
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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TITLE					
Name					
STREET ADDRESS					
CITY-ST-ZIP					
11. I hereby certify that the information supplied with this filling does not qualify for the ex-					

DO NOT WRITE IN THIS SPACE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/29/06

5616891138

Daytime Phone #