


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # L02000008185 1. Entity Name DESIGN ARTS OF PALM BEACH, LLC	
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Principal Place of Business 2005 VISTA PKWY 100 WEST PALM BEACH, FL 33411	Mailing Address 2005 VISTA PKWY 100 WEST PALM BEACH, FL 33411
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02202008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0667688	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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
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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)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

000000845742
03/18/08-80040-010 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGRM
NAME	THOMAS, DENNIS J
STREET ADDRESS	2005 VISTA PKWY 100
CITY-ST-ZIP	WEST PALM BEACH, FL 33411
TITLE	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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Dennis J. Thomas* DENNIS J. THOMAS 2/20/08 561-689-1138

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