

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000010196

FILED
Feb 01, 2004
Secretary of State

Entity Name: DOVE DESIGN, L.L.C.

Current Principal Place of Business:

13103 FAULKNER PLACE
RIVERVIEW, FL 33569

New Principal Place of Business:

Current Mailing Address:

13103 FAULKNER PLACE
RIVERVIEW, FL 33569

New Mailing Address:

FEI Number: 02-0619020

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MILLER, JOAN M
13103 FAULKNER PL
RIVERVIEW, FL 33569 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: MILLER, JOAN M
Address: 13103 FAULKNER PL
City-St-Zip: RIVERVIEW, FL 33569

Title: MGRM () Delete
Name: BOAT, KIMBERLY R
Address: 13106 FAULKNER PL
City-St-Zip: RIVERVIEW, FL 33569

Title: MGRM () Delete
Name: KAZICK, RICE
Address: 806 PAR CT
City-St-Zip: APOLLO BEACH, FL 33572

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: SCOTT, KIMBERLY R
Address: 13106 FAULKNER PL
City-St-Zip: RIVERVIEW, FL 33569

Title: MGRM (X) Change () Addition
Name: RAZICK, RICE S
Address: 806 PAR CT
City-St-Zip: APOLLO BEACH, FL 33572

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JOAN M. MILLER

MGRN

02/01/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date