

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000011142

FILED
Jan 12, 2005
Secretary of State

Entity Name: DESIGNER CONCEPTS INTERNATIONAL LLC

Current Principal Place of Business:

124 E. MELBOURNE
SUITE 6
WINTER PARK, FL 32789

Current Mailing Address:

124 E. MELBOURNE
SUITE 6
WINTER PARK, FL 32789

New Principal Place of Business:

124 E. WELBORNE AVENUE
SUITE 6
WINTER PARK, FL 32789

New Mailing Address:

PO BOX 2294
WINTER PARK, FL 32790

FEI Number: 02-0606289

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SWANSON, ANDREW B
124 S. MELBOURNE
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

SWANSON, ANDREW R SR.
124 S. WELBORNE
SUITE 6
WINTER PARK, FL 32789 US

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: ANDREW R. SWANSON, SR.

01/12/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: SWANSON, ANDREW B
Address: PO BOX 2294
City-St-Zip: WINTER PARK, FL 32790

Title: MGRM () Delete
Name: SWANSON, JAMES H
Address: 229 QUAYSIDE CIR
City-St-Zip: MAITLAND, FL 32751

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SWANSON, ANDREW R
Address: PO BOX 2294
City-St-Zip: WINTER PARK, FL 32790

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

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: ANDREW R. SWANSON, SR.

MGRM

01/12/2005

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