

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 09, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000011142 1. Entity Name DESIGNER CONCEPTS INTERNATIONAL LLC	
--	---

Principal Place of Business 124 E. WELBORNE AVENUE SUITE 6 WINTER PARK, FL 32789	Mailing Address PO BOX 2294 WINTER PARK, FL 32790
--	---



01062006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 02-0606289	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent SWANSON, ANDREW R SR. 124 S. WELBORNE SUITE 6 WINTER PARK, FL 32789

**DO NOT WRITE
IN THIS SPACE**

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

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

ANDREW SWANSON

(NOTE: Registered Agent signature required when reinstating)

01/06/06
DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

11110000379769
01/10/06-80035-014 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SWANSON, ANDREW R PO BOX 2294 WINTER PARK, FL 32790
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SWANSON, JAMES H 229 QUAYSIDE CIR MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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:

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

JAMES SWANSON

Date

Daytime Phone #

1-6-06 407-628-5116