

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000011862

FILED  
Jun 13, 2005  
Secretary of State

Entity Name: CHOMODESIGN LLC

## Current Principal Place of Business:

14508 N 18TH ST.  
TAMPA, FL 33613

## New Principal Place of Business:

3111 W. MLK JR BLVD  
SUITE 100  
TAMPA, FL 33607

## Current Mailing Address:

14508 N 18TH ST.  
TAMPA, FL 33613

## New Mailing Address:

2546 6TH AVE SO  
SAINT PETERSBURG, FL 33712

FEI Number: 01-0680921      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

MOSLEY, CHON  
14508 N 18TH ST.  
TAMPA, FL 33613      US

## Name and Address of New Registered Agent:

MOSLEY, CHON  
2546 6TH AVE SO  
SAINT PETERSBURG, FL 33712      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: \_\_\_\_\_

06/13/2005

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: MOSLEY, CHON  
Address: 14508 N 18TH ST.  
City-St-Zip: TAMPA, FL 33613

Title: MGRM (X) Delete  
Name: VASQUEZ, NELLIE  
Address: 14508 N 18TH ST.  
City-St-Zip: TAMPA, FL 33613

Title: MGRM ( ) Delete  
Name: KEYS, BARBARA M  
Address: 2546 6TH AVE. SO.  
City-St-Zip: ST. PETE, FL 33712

Title: MGRM (X) Delete  
Name: CANO, OMAIRA  
Address: 2803 W. SLIGH AVE. #703  
City-St-Zip: TAMPA, FL 33614

Title: MGRM (X) Delete  
Name: GRAY, DELL  
Address: 14508 N 18TH ST.  
City-St-Zip: TAMPA, FL 33613

Title: MGRM ( ) Delete  
Name: REID, LEONNE  
Address: 6804 TIMBERLAND DR. W.  
City-St-Zip: TAMPA, FL 33615

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: MOSLEY, CHON  
Address: 2546 6TH AVE SO  
City-St-Zip: SAINT PETERSBURG, FL 33712

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

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

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

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

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: CHON MOSLEY

MGRM

06/13/2005

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