## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L02000011862

Entity Name: CHOMODESIGN LLC

FILED Jun 13, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

14508 N 18TH ST. 3111 W. MLK JR BLVD

TAMPA, FL 33613 SUITE 100

TAMPA, FL 33607

Current Mailing Address: New Mailing Address:

14508 N 18TH ST. 2546 6TH AVE SO

TAMPA, FL 33613 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: Name and Address of New Registered Agent:

MOSLEY, CHON
14508 N 18TH ST.

MOSLEY, CHON
2546 6TH AVE SO

TAMPA, FL 33613 US 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: ADDITIONS/CHANGES:

Title: MGRM ( ) Delete Title: MGRM (X) Change ( ) Addition Name: MOSLEY, CHON Name: MOSLEY, CHON

Address: 14508 N 18TH ST. Address: 2546 6TH AVE SO

City-St-Zip: TAMPA, FL 33613 City-St-Zip: SAINT PETERSBURG, FL 33712

Title: MGRM (X) Delete Title: ( ) Change ( ) Addition

 Name:
 VASQUEZ, NELLIE
 Name:

 Address:
 14508 N 18TH ST.
 Address:

 City-St-Zip:
 TAMPA, FL 33613
 City-St-Zip:

Title: MGRM ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 KEYS, BARBARA M
 Name:

 Address:
 2546 6TH AVE. SO.
 Address:

 City-St-Zip:
 ST. PETE, FL 33712
 City-St-Zip:

Title: MGRM (X) Delete Title: ( ) Change ( ) Addition

 Name:
 CANO, OMAIRA
 Name:

 Address:
 2803 W. SLIGH AVE. #703
 Address:

 City-St-Zip:
 TAMPA, FL 33614
 City-St-Zip:

Title: MGRM (X) Delete Title: ( ) Change ( ) Addition

 Name:
 GRAY, DELL
 Name:

 Address:
 14508 N 18TH ST.
 Address:

 City-St-Zip:
 TAMPA, FL 33613
 City-St-Zip:

Title: MGRM ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 REID, LEONNE
 Name:

 Address:
 6804 TIMBERLAND DR. W.
 Address:

 City-St-Zip:
 TAMPA, FL 33615
 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