

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90149 033 \*\*\*\*50.00

**DOCUMENT # L02000016016**

1. Entity Name  
**ANIMAGUS DESIGN, LLC**



Principal Place of Business

**1624 ALTON ROAD  
VENICE, FL 34293**

Mailing Address

**1624 ALTON ROAD  
VENICE, FL 34293**

**64064418**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04302004

Chg-LLC

CR2E083 (10/03)

City & State

City & State

4. FEI Number

**54-2064823**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COVERSE, JAMES L  
624 ALTON RD.  
VENICE, FL 34293**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete  
NAME CONVERSE, JAMES  
STREET ADDRESS 1624 ALTON RD.  
CITY-ST-ZIP VENICE, FL 34293

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGRM ☐ Delete  
NAME PUCCIO, DAN  
STREET ADDRESS 316 HAMMOCK TERRACE  
CITY-ST-ZIP VENICE, FL 34293

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **7 BOWERS LANDING DRIVE, #306**  
CITY-ST-ZIP **MERRIMACK, N.H. 03054**

TITLE MGR ☐ Delete  
NAME REYNOLDS, VINCE  
STREET ADDRESS 1314 NW IRVING ST, #210  
CITY-ST-ZIP PORTLAND, OR 972092722

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGRM ☐ Delete  
NAME VANDER SLUIS, DON  
STREET ADDRESS 4138 CENTRAL SARASOTA PKWY, #1528  
CITY-ST-ZIP SARASOTA, FL 34238

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **4158 PRUDENCE DRIVE**  
CITY-ST-ZIP **SARASOTA, FL 34235**

TITLE MGR ☐ Delete  
NAME ZACHARIASEN, LARS  
STREET ADDRESS 5172 BIRCH AVE.  
CITY-ST-ZIP SARASOTA, FL 34233

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify 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 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

**04/30/2004**

Date

Daytime Phone #

**941 493 0790**