

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 08:00 AM**  
**Secretary of State**

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



04242005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
54-2064823

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

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

**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 file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	CONVERSE, JAMES
STREET ADDRESS	1624 ALTON RD.
CITY- ST- ZIP	VENICE, FL 34293
TITLE	MGRM
NAME	PUCCIO, DAN
STREET ADDRESS	7 BOWERS LANDING DR., #306
CITY- ST- ZIP	MERRIMACK, NH 03054
TITLE	MGR
NAME	REYNOLDS, VINCE
STREET ADDRESS	1314 NW IRVING ST, #210
CITY- ST- ZIP	PORTLAND, OR 972092722
TITLE	MGRM
NAME	VANDER SLUIS, DON
STREET ADDRESS	4158 PRUDENCE DR.
CITY- ST- ZIP	SARASOTA, FL 34235
TITLE	MGR
NAME	ZACHARIASEN, LARS
STREET ADDRESS	5172 BIRCH AVE.
CITY- ST- ZIP	SARASOTA, FL 34233
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U00000342148  
04/29/05-80045-004 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

4/24/2005 9414930790

Date

Daytime Phone #