

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000016016

Entity Name: ANIMAGUS DESIGN, LLC

FILED
Apr 26, 2006
Secretary of State

Current Principal Place of Business:

1624 ALTON ROAD
VENICE, FL 34293

New Principal Place of Business:

Current Mailing Address:

1624 ALTON ROAD
VENICE, FL 34293

New Mailing Address:

FEI Number: 54-2064823

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CONVERSE, JAMES
Address: 1624 ALTON RD.
City-St-Zip: VENICE, FL 34293

Title: MGRM () Delete
Name: PUCCIO, DAN
Address: 7 BOWERS LANDING DR., #306
City-St-Zip: MERRIMACK, NH 03054

Title: MGR () Delete
Name: REYNOLDS, VINCE
Address: 1314 NW IRVING ST, #210
City-St-Zip: PORTLAND, OR 972092722

Title: MGRM () Delete
Name: VANDER SLUIS, DON
Address: 4158 PRUDENCE DR.
City-St-Zip: SARASOTA, FL 34235

Title: MGR () Delete
Name: ZACHARIASEN, LARS
Address: 5172 BIRCH AVE.
City-St-Zip: SARASOTA, FL 34233

ADDITIONS/CHANGES:

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 Chapter 119, 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: JAMES L.CONVERSE

MGRM

04/26/2006

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