


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000017129</b> 1. Entity Name <b>RON WHITTEN WOOD DESIGNS, LLC</b>	
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Principal Place of Business <b>4120 ENTERPRISE AVE., STE 110 NAPLES, FL 34104-7086</b>	Mailing Address <b>4120 ENTERPRISE AVE., STE 110 NAPLES, FL 34104-7086</b>
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**DO NOT WRITE IN THIS SPACE**

03252005No Chg-LLC CR2E083 (10/03)

4. FEI Number <b>14-1849631</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**FELDEN, CHRISTIAN B ESQ.  
3838 TAMiami TRAIL N. SUITE 416  
NAPLES, FL 34103**

**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 title 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 NAME STREET ADDRESS CITY - ST - ZIP	MGRM WHITTEN, RON 2 TINA LANE #233 NAPLES, FL 341043906
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WHITTEN, KRIS 2 TINA LANE #233 NAPLES, FL 341043906
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U00000285545  
04/02/05-80049-012 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

**3-30-05 239-659-1584**

Date

Daytime Phone #