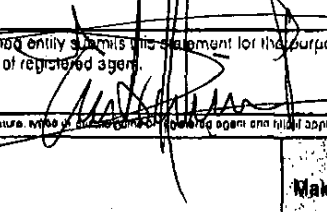
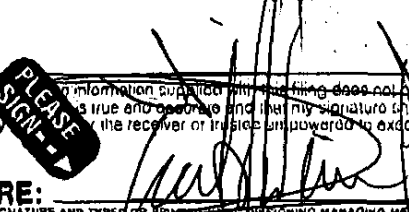


FILED

Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90257 024 ****50.00

2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)

DOCUMENT # L02000018052			
1. Entity Name WEISSON DESIGN GROUP LLC			
Principal Place of Business C/O SOFIA POWELL-COSIO PA 1800 S.W. 3RD AVE MIAMI FL 33129		Mailing Address C/O SOFIA POWELL-COSIO PA 1900 S.W. 3RD AVE MIAMI FL 33129	
2. Principal Place of Business <i>50 W Mashta Drive</i> Suite, Apt. #, etc. <i>Suite #2</i>		3. Mailing Address <i>50 W Mashta Drive</i> Suite, Apt. #, etc. <i>Suite #2</i>	
City & State <i>Key Biscayne FL</i>		City & State <i>Key Biscayne</i>	
Zip <i>33149</i> Country <i>USA</i>		Zip <i>33149</i> Country <i>USA</i>	
4. FEI Number 30-0109785		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent POWELL-COSIO, SOFIA 1900 SW 3RD AVE MIAMI FL 33129		7. Name and Address of New Registered Agent Name <i>Ernesto H. WEISSON</i> Street Address (P.O. Box Number is Not Acceptable) <i>50 W Mashta Drive Suite 2</i> City <i>Key Biscayne</i> FL Zip Code <i>33149</i>	
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 		DATE	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WEISSON HOLDING LLC 1111 BRICKELL AVE 11TH FLR MIAMI FL 33131 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Weisson Holding, LLC 50 W Mashta Drive Suite 2 Key Biscayne, FL 33149 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied in 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 form 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; and that the receiver or trustee is empowered to execute this report as required by Chapter 600, Florida Statutes.			
SIGNATURE: 		3-24-04 (305) 365-7676	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone	