#### 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

### DOCUMENT # L02000018052

1. Entity Name
WEISSON DESIGN GROUP LLC

Principal Place of Business

50 W. MASHTA DRIVE STE #2 KEY BISCAYNE, FL 33149 Mailing Address

50 W. MASHTA DRIVE STE #2 KEY BISCAYNE, FL 33149

# FILED May 02, 2005 08:00 AM Secretary of State



### DO NOT WRITE IN THIS SPACE

03212005 No Chg-LLC

CR2E083 (10/03)

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

WEISSON, ERNESTO H 50 W. MASHTA DRIVE STE #2 KEY BISCAYNE, FL 33149

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MA

## DO NOT WRITE IN THIS SPACE

<ol> <li>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.</li> </ol>			
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable	(NOTE, Registered Agent signature required when reinstating)	DATE
Fi D:	iling Fee is \$50.00 ue by May 1, 2005	Look Transparence a Section Business and make the personal and	DATE
9.	MANAGING MEMBERS/MANAGERS		
IITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WEISSON HOLDING LLC 50 W. MASHTA DRIVE STE #2 KEY BISCAYNE, FL 33149		U00000356900 05/04/05-80053-007 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	- 1/A		
11. I hereby certify that the information supplied with this filing goes not qualify to 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 any standard 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 compowered to execute this eport as required by Chapter 608, Florida Statutes.			

AGING MEMBER, OR AUTHORIZED REPRESENTATIVE