

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000027455**

1. Entity Name  
**DESIGN DEVELOPMENT - WATERCOLOURS MARKET  
LLC**

Principal Place of Business  
**2513 ROSEDOWN DRIVE  
CANTONMENT, FL 32533 US**

Mailing Address  
**2513 ROSEDOWN DRIVE  
CANTONMENT, FL 32533 US**

**DO NOT WRITE IN THIS SPACE**



01072004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
**45-0488220**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

**HOLMAN, SUZANNE W  
2513 ROSEDOWN DRIVE  
CANTONMENT, FL 32533**

**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, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
HOLMAN, SUZANNE W  
2513 ROSEDOWN DRIVE  
CANTONMENT, FL 32533**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
HOLMAN, WILLIAM P  
2513 ROSEDOWN DRIVE  
CANTONMENT, FL 32533**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
MARCUS, ROBERT M  
2388 W. BAYSHORE  
GULF BREEZE, FL 32561**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
SANDERS, JOHN P  
10205 HOLSBERY RD.  
PENSACOLA, FL 32534**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

000000002054  
01/13/04 00031 015 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:** Suzanne Holman  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/7/04 850-939-5057