



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2005 8:00 am
Secretary of State

01-12-2005 90029 002 ****50.00

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		
2. Principal Place of Business 2880 GULF BREEZE PKWY Suite, Apt. #, etc.		3. Mailing Address 2880 GULF BREEZE PKWY Suite, Apt. #, etc.			
City & State GULF BREEZE, FL		City & State GULF BREEZE, FL		4. FEI Number 45-0488220	
Zip 32563		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HOLMAN, SUZANNE W 2513 ROSEDOWN DRIVE CANTONMENT, FL 32533			7. Name and Address of New Registered Agent Name: SUZANNE W. HOLMAN Street Address (P.O. Box Number is Not Acceptable): 2880 GULF BREEZE PKWY City: GULF BREEZE FL Zip Code: 32563		
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: <u>Suzanne Holman</u> DATE: <u>1/5/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOLMAN, SUZANNE W 2513 ROSEDOWN DRIVE CANTONMENT, FL 32533	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOLMAN, WILLIAM P 2513 ROSEDOWN DRIVE CANTONMENT, FL 32533	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARCUS, ROBERT M 2388 W. BAYSHORE GULF BREEZE, FL 32561	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SANDERS, JOHN P 10205 HOLSBERRY RD. PENSACOLA, FL 32534	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SANDERS, JOHN P 10205 HOLSBERRY RD. PENSACOLA, FL 32534	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SANDERS, JOHN P 10205 HOLSBERRY RD. PENSACOLA, FL 32534	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SANDERS, JOHN P 10205 HOLSBERRY RD. PENSACOLA, FL 32534	<input type="checkbox"/> Delete			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: <u>Suzanne Holman</u>				Date: <u>1/5/05</u> Daytime Phone #: <u>(850) 934-5057</u>	