

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000027455

FILED  
Jan 05, 2008  
Secretary of State

Entity Name: DESIGN DEVELOPMENT - WATERCOLOURS MARKET LLC

**Current Principal Place of Business:**

1507 BAYWOODS ROAD  
GULF BREEZE, FL 32563 US

**New Principal Place of Business:**

**Current Mailing Address:**

1507 BAYWOODS ROAD  
GULF BREEZE, FL 32563 US

**New Mailing Address:**

FEI Number: 45-0488220

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HOLMAN, SUZANNE W  
1507 BAYWOODS ROAD  
GULF BREEZE, FL 32563 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: HOLMAN, SUZANNE W  
Address: 1507 BAYWOODS ROAD  
City-St-Zip: GULF BREEZE, FL 32563

Title: MGRM ( ) Delete  
Name: HOLMAN, WILLIAM P  
Address: 2513 ROSEDOWN DRIVE  
City-St-Zip: CANTONMENT, FL 32533

Title: MGRM ( ) Delete  
Name: MARCUS, ROBERT M  
Address: 2388 W. BAYSHORE  
City-St-Zip: GULF BREEZE, FL 32561

Title: MGRM ( ) Delete  
Name: SANDERS, JOHN P  
Address: 10205 HOLSBERRY RD.  
City-St-Zip: PENSACOLA, FL 32534

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 W HOLMAN

MGRM

01/05/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date