

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2003 8:00 am
Secretary of State

01-14-2003 90037 022 ****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**

20006529



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
2513 ROSEDOWN DR.

3. Mailing Address
2513 ROSEDOWN DR.

Suite, Apt. #, etc.

City & State
CANTONMENT, FL

City & State
CANTONMENT, FL

Zip
32533 Country
US

Zip
32533 Country
US

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**

7. Name and Address of New Registered Agent

Name
SUZANNE W. HOLMAN

Street Address (P.O. Box Number is Not Acceptable)
2513 ROSEDOWN DRIVE

City
CANTONMENT FL Zip Code
32533

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 *Suzanne W. Holman* **SUZANNE W. HOLMAN** MANAGER DATE **1/4/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SUZANNE W. HOLMAN 2513 ROSEDOWN DRIVE CANTONMENT, FL 32533 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLIAM P. HOLMAN 2513 ROSEDOWN DRIVE CANTONMENT, FL 32533 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROBERT M. MARCUS 2388 W. BAYSHORE GULF BREEZE, FL 32561 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOHN P. SANDERS 10205 HOLS BERRY RD. PENSACOLA, FL 32534 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with 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 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 W. Holman* **SUZANNE W. HOLMAN** MANAGER DATE **1/4/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (10/02)