


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2004 8:00 am
Secretary of State

03-23-2004 90069 021 ****50.00

DOCUMENT # L03000004558	
1. Entity Name DESIGNS OF AMERICA, L.L.C.	

Principal Place of Business 5041 WILES ROAD, SUITE 304 COCONUT CREEK, FL 33073	Mailing Address 5041 WILES ROAD, SUITE 304 COCONUT CREEK, FL 33073
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34003096

2. Principal Place of Business 3800 SW 61 AVE Suite, Apt. #, etc.	3. Mailing Address 3800 SW 61 AVE Suite, Apt. #, etc.
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City & State DAVIE, FL	City & State DAVIE, FL
Zip 33314	Country US



04032004 Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1172374	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent LARRY J. BEHAR, P.A. 888 SOUTHEAST THIRD AVE. SUITE #400 FT. LAUDERDALE, FL 33316	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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		DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)		
Filing Fee is \$50.00 Due by May 1, 2004	Make check payable to Florida Department of State	

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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: Anna Maria Capizzi	Date: 04-07-2004 Daytime Phone #: 954-554-1989
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	