

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 10, 2004 8:00 am
Secretary of State

04-05-2004 90498 004 ****50.00

DOCUMENT # L03000005547	
1. Entity Name THE REDESIGN GROUP, LLC	

Principal Place of Business 7565 SOMERSET SHORES COURT ORLANDO FL 32819	Mailing Address 7565 SOMERSET SHORES COURT ORLANDO FL 32819
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2. Principal Place of Business 5121 Timberview Terrace	3. Mailing Address 5121 Timberview Terrace
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Orlando FL	City & State Orlando FL
Zip 32819	Zip 32819
Country USA	Country USA



MOORE CR2E083 (11/03)

4. FEI Number 45-0508841	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent JAMES, BONNIE L 7565 SOMERSET SHORES COURT ORLANDO FL 32819 5121 Timberview Terrace ORLANDO FL 32819	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 Bonnie L James (NOTE: Registered Agent signature required when reconstituting) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP President/Owner Bonnie James 5121 Timberview Terrace Orlando FL 32819	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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: Bonnie L James Date 4-1-04 Daytime Phone # 407-351-4892 or 407-354-1520