



# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 07, 2004 8:00 am**  
**Secretary of State**

04-07-2004 90346 005 \*\*\*\*50.00

<b>DOCUMENT # L03000015934</b> 1. Entity Name <b>DESIGN ON THE GULF, LLC</b>					
Principal Place of Business <b>P.O. BOX 611706</b> <b>ROSEMARY BEACH, FL 32461</b>			Mailing Address <b>P.O. BOX 611706</b> <b>ROSEMARY BEACH, FL 32461</b>		
2. Principal Place of Business <b>4821 Scenic Hwy 30A</b> Suite, Apt. #, etc. <b>Suite 105</b> City & State <b>Santa Rosa Beach FL</b> Zip <b>32459</b> Country <b>US</b>		3. Mailing Address <b>4821 Scenic Hwy 30A</b> Suite, Apt. #, etc. <b>Suite 105</b> City & State <b>Santa Rosa Beach, FL</b> Zip <b>32459</b> Country <b>US</b>			
					
4. FEI Number <b>41-2091103</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent <b>RYMER, THOMAS W.</b> <b>5311 COUNTY HIGHWAY 30A, SUITE 4</b> <b>SANTA ROSA BEACH, FL 32459</b> <b>4821 Scenic Hwy 30A Suite 105</b> <b>Santa Rosa Beach, FL 32459</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2004</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
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	
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: <b>E Dale Trice</b>			Date: <b>3.25.04</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					