


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90016 049 ****50.00

DOCUMENT # L03000015934					
1. Entity Name DESIGN ON THE GULF, LLC					
Principal Place of Business 4821 SCENIC HWY 30A SUITE 105 SANTA ROSA BEACH, FL 32459			Mailing Address 4821 SCENIC HWY 30A SUITE 105 SANTA ROSA BEACH, FL 32459		
2. Principal Place of Business 4281		3. Mailing Address 4281			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 41-2091103	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent RYMER, THOMAS W. 4821 SCENIC HWY 30A SUITE 105 SANTA ROSA BEACH, FL 32459			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4281 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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TRICE, DALE E 1885 ANJACO ROAD ATLANTA, GA 30309	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RYMER, THOMAS W 1885 ANJACO ROAD ATLANTA, GA 30309	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RYMER, THOMAS W 1885 ANJACO ROAD ATLANTA, GA 30309	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RYMER, THOMAS W 1885 ANJACO ROAD ATLANTA, GA 30309	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RYMER, THOMAS W 1885 ANJACO ROAD ATLANTA, GA 30309	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RYMER, THOMAS W 1885 ANJACO ROAD ATLANTA, GA 30309	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RYMER, THOMAS W 1885 ANJACO ROAD ATLANTA, GA 30309	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RYMER, THOMAS W 1885 ANJACO ROAD ATLANTA, GA 30309	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RYMER, THOMAS W 1885 ANJACO ROAD ATLANTA, GA 30309	<input type="checkbox"/> Delete			
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: <u>E. Dale Trice</u> 16 April 2005					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					