

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000017691

Entity Name: DESIGN MILAGROS LLC

FILED  
Apr 25, 2005  
Secretary of State

## Current Principal Place of Business:

11811 AVENUE OF THE PGA  
SUITE 102  
PALM BEACH GARDENS, FL 33148 FL

## New Principal Place of Business:

241 POSADA DEL SOL  
NOVATO, CA 94949 US

## Current Mailing Address:

11811 AVENUE OF THE PGA  
SUITE 102  
PALM BEACH GARDENS, FL 33148 FL

## New Mailing Address:

241 POSADA DEL SOL  
NOVATO, CA 94949 US

FEI Number: 75-3115426

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

ALWAISE, LORRAINE  
11811 AVENUE OF THE PGA  
SUITE 102  
PALM BEACH GARDENS, FL 33418 US

## Name and Address of New Registered Agent:

ALWAISE, LORRAINE  
17070 TRAVERSE CIRCLE  
JUPITER, FL 33477 US

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.

SIGNATURE: LORRAINE ALWAISE

04/25/2005

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete  
Name: ALWAISE, LORRAINE  
Address: 11811 AVENUE OF THE PGA  
City-St-Zip: PALM BEACH GARDENS, FL 33418 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: ALWAISE, LORRAINE  
Address: 241 POSADA DEL SOL  
City-St-Zip: NOVATO, CA 94949 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: LORRAINE ALWAISE

MGRM

04/25/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date