

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000018178

Entity Name: PHANTOM DEZIGN, LLC

FILED
Jan 20, 2004
Secretary of State

Current Principal Place of Business:

1003 GREENRIDGE ROAD
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

1003 GREENRIDGE ROAD
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: 20-0012845

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SCHMIDT, KENT H
1003 GREENRIDGE ROAD
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: SCHMIDT, KENT H GEN PAR
Address: 4446 HENDRICKS AVENUE SUITE 325
City-St-Zip: JACKSONVILLE, FL 32207

Title: MGRM () Change (X) Addition
Name: SEAY IV, EVERETTE M CEO
Address: 4446 HENDRICKS AVENUE SUITE 325
City-St-Zip: JACKSONVILLE, FL 32207

Title: MGRM () Change (X) Addition
Name: LAWRENCE, JAMES D CSO
Address: 41000 CARLOTTA DRIVE
City-St-Zip: PALM DESERT, CA 92211

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: KENT H. SCHMIDT

GP

01/20/2004

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