
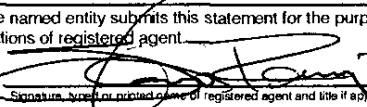



# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 17, 2004 8:00 am**  
**Secretary of State**

03-17-2004 90276 012 \*\*\*\*50.00

<b>DOCUMENT # L03000018942</b> 1. Entity Name <b>BLUE MOON DESIGN GROUP LLC</b>							
Principal Place of Business <b>P.O. BOX 6173 DELRAY BEACH, FL 33482</b>			Mailing Address <b>P.O. BOX 6173 DELRAY BEACH, FL 33482</b>				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>RAMSAY, STEPHEN</b> <b>17320 LAKE PARK ROAD</b> <b>BOCA RATON, FL 33487</b>				Name <b>STEPHEN RAMSAY</b> Street Address (P.O. Box Number is Not Acceptable) <b>6503 NORTH MILITARY TRAIL</b> <b>#4609</b> City <b>BOCA RATON</b> <b>FL</b> Zip Code <b>33496</b>			
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  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE <b>2/25/04</b>			
<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	MGRM <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MININGHAM, DORI			NAME			
STREET ADDRESS	PO BOX 6173			STREET ADDRESS			
CITY-ST-ZIP	DELRAY BEACH, FL 33482			CITY-ST-ZIP			
TITLE	MGRM <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RAMSAY,			NAME			
STREET ADDRESS	PO BOX 6173			STREET ADDRESS			
CITY-ST-ZIP	DELRAY BEACH, FL 33482			CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
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>STEPHEN RAMSAY</b> <b>2/22/04</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date <b>2/22/04</b>		Daytime Phone # <b>561-441-9409</b>	