

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000020813

FILED
May 11, 2004
Secretary of State

Entity Name: FOCAL DESIGNS LLC

Current Principal Place of Business:

5101NE 3 RD CT
#2
MIAMI,FLORIDA, 33137

Current Mailing Address:

5101NE 3 CT
#2
MIAMI,FLORIDA, 33137

New Principal Place of Business:

5101NE 3 RD CT
#2
MIAMI, FL 33137 US

New Mailing Address:

5101NE 3 CT
#2
MIAMI, FL 33137 US

FEI Number: 20-0835251

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RICHARDSON, GREGOR V
5101 NE 3RD CT. APT #2
#2
MIAMI, FLORIDA, FL 33137 US

Name and Address of New Registered Agent:

RICHARDSON, GREGOR V
5101 NE 3RD CT. APT #2
#2
MIAMI, FLORIDA, FL 33137 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: GREGOR RICHARDSON

05/11/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

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

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

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: RICHARSON, GREG
Address: 5101 NE 3RD CT # 2
City-St-Zip: MIAMI, FL 33137 US

Title: MGR () Change (X) Addition
Name: RICHARDSON, GREGOR
Address: 5101 NE 3RD CT # 2
City-St-Zip: MIAMI, FL 33137 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: GREG RICHARDSON

MGR

05/11/2004

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