


2006 LIMITED LIABILITY COMPANY REINSTATEMENT


FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 20 AM 10:34

DOCUMENT # L03000021601		
1. Entity Name EUROPEAN DESIGNS, L.L.C.		

Principal Place of Business 423 FOURTH ST WEST PALM BEACH, FL 33401	Mailing Address 120-D PALM POINT CIRCLE PALM BEACH GARDENS, FL 33418
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2. Principal Place of Business 2600 N Flayler Drive Suite, Apt. #, etc. 306 City & State West Palm Beach Zip FL 33407	3. Mailing Address 2600 N Flayler Drive Suite, Apt. #, etc. 306 City & State West Palm Beach Zip FL 33407
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09072006 REIN-LLC	CR2E101 (11/05)
4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent STEPHEN S. MATHISON, P.A. 5606 PGA BLVD., SUITE 211 PALM BEACH GARDENS, FL 33418	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$200.00	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DAPHNE, LECLER MARIE 120D PALM POINT CIR PALM BEACH GARDENS, FL 33418 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2600 N. FLAYLER DRIVE #906 WEST PALM BEACH FL 33407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LECLER MARIE 2600 N Flayler Drive West Palm Beach FL 33418 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700080192117 09/26/06--01064--019 **200.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition REINSTATEMENT 05-06
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 	Date 9/15/06	Daytime Phone #
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