
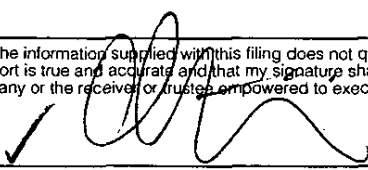


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90029 018 ****50.00

DOCUMENT # L03000030210 1. Entity Name DESIGNS DIRECT PUBLISHING, LLC					
Principal Place of Business C/O AKERMAN SENTERFITT, WACHOVIA CENTER 100 SOUTH ASHLEY DR, STE 1500 TAMPA, FL 33602			Mailing Address C/O AKERMAN SENTERFITT, WACHOVIA CENTER 100 SOUTH ASHLEY DR, STE 1500 TAMPA, FL 33602		
2. Principal Place of Business 3208-C E. Colonial Drive Suite, Apt. #, etc. #314			3. Mailing Address 3208-C E. Colonial Drive Suite, Apt. #, etc. #314		
City & State Orlando, FL			City & State Orlando, FL		
Zip 32803		Country USA		4. FEI Number 20-0195039	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent PERMENTER, TOMMY D JR, ESQ C/O AKERMAN SENTERFITT, WACHOVIA CENTER 100 SOUTH ASHLEY DR, STE 1500 TAMPA, FL 33602				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			MGRM Donald A Gardner Publishing, LLC 150 Executive Center Drive Greenville, SC 29615		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			MGRM Betz Publishing, LLC 2401 Lake Park Dr, Ste 250 Smyrna, GA 30080		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			MGRM Verandah Publishing, Inc 25421 Elementary Way, Ste 201 Bonita Springs, FL 34135		
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"/> Change <input type="checkbox"/> Addition		
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 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: 			Angela G. Santerini		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date 4-5-04 Daytime Phone # 864-288-7850		

24046433

