2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000035549

1. Entity Name
COLLECTIVE DESIGN ASSOCIATES, LLC

Principal Place of Business	Mailing Address
25 VAN ZANT ST UNIT 7D NORWALK, CT 06855 US	1300 PICCARD DR. SUITE 104 ROCKVILLE, MD 20850 US

02132006No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
06-1517524
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPDIRECT AGENTS, INC
515 E. PARK AVE.
TALLAHASSEE, FL 32301

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SZOLLOSY, CHARLES J
STREET ADDRESS	1300 PICCARD DR. SUITE104
CITY-ST-ZIP	ROCKVILLE, MD 20850
TITLE	MGRM
NAME	PETERSON, DONALD
STREET ADDRESS	25 VAN ZANT ST. UNIT 7D
CITY-ST-ZIP	NORWALK, CT 06855
TITLE	MGRM
NAME	TOURIGNY, BRUCE
STREET ADDRESS	25 VAN ZANT ST. UNIT 7D
CITY-ST-ZIP	NORWALK, CT 06855
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000466555
03/23/06-80016-009 50.00

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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: Charles J. Szollosy 3-7-06 301-977-7644
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #