


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 06, 2007 8:00 am**  
**Secretary of State**

03-06-2007 90074 038 \*\*\*\*50.00

<b>DOCUMENT # L03000035549</b> 1. Entity Name COLLECTIVE DESIGN ASSOCIATES, LLC					
Principal Place of Business 25 VAN ZANT ST UNIT 7D NORWALK, CT 06855 US			Mailing Address 1300 PICCARD DR. SUITE 104 ROCKVILLE, MD 20850 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 25 Van Zant Str.			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 7D			
City & State		City & State Norwalk, CT			
Zip	Country	Zip 06855	Country USA	4. FEI Number 06-1517524	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				01102007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent  CORPDIRECT AGENTS, INC 515 E. PARK AVE. TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SZOLLOS, CHARLES J 1300 PICCARD DR. SUITE 104 ROCKVILLE, MD 20850	<input checked="" 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	MGRM PETERSON, DONALD 25 VAN ZANT ST. UNIT 7D NORWALK, CT 06855	<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	MGRM TOURIGNY, BRUCE 25 VAN ZANT ST. UNIT 7D NORWALK, CT 06855	<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	
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.					
<b>SIGNATURE: BRUCE D. TOURIGNY</b>			<b>3/1/07 203-299-0250</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		