

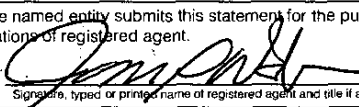
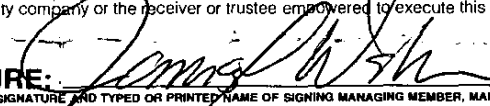


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 14, 2004 8:00 am
Secretary of State

07-14-2004 90060 034 ****50.00

DOCUMENT # L03000037804 1. Entity Name DESIGN SIGHT OF SOUTHWEST FLORIDA, LLC					
Principal Place of Business 320 HORSECREEK DRIVE, #407 NAPLES, FL 34110			Mailing Address 320 HORSECREEK DRIVE, #407 NAPLES, FL 34110		
2. Principal Place of Business 320 HORSECREEK DR Suite, Apt. #, etc. 407		3. Mailing Address 320 HORSECREEK DR Suite, Apt. #, etc. 407			
City & State NAPLES FL		City & State Naples FL		4. FEI Number 043777048	
Zip 34110		Country Collier		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WEBER, JAMES P 320 HORSECREEK DRIVE, #407 NAPLES, FL 34110				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 July 3, 04					
Filing Fee is \$50.00 Due by September 8, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WEBER, JAMES P 320 HORSECREEK DRIVE, #407 NAPLES, FL 34110	<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"/> 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			
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:  DATE July 03, 04					

535-597-1757