


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 02, 2005 8:00 am
Secretary of State


02-02-2005 90152 037 ****50.00

DOCUMENT # L03000037859 1. Entity Name GW DESIGNS LLC	
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Principal Place of Business 914 SILVER PALM WAY APOLLO BEACH, FL 33572	Mailing Address 914 SILVER PALM WAY APOLLO BEACH, FL 33572
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DO NOT WRITE IN THIS SPACE

20006214



01162005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 68-0572698	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 WHITE, BRIT 914 SILVER PALM WAY APOLLO BEACH, FL 33572	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM WHITE, BRIT 914 SILVER PALM WAY APOLLO BEACH, FL 33572
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM WHITE, BILL 914 SILVER PALM WAY APOLLO BEACH, FL 33572
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**DO NOT WRITE
IN THIS SPACE**

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:  _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #