

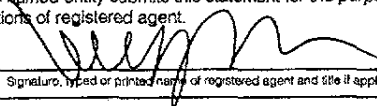
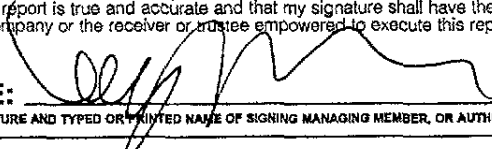


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 20, 2006 08:00 AM
Secretary of State**

DOCUMENT # L03000040552		
1. Entity Name DESIGN SOLUTIONS, LLC		
Principal Place of Business 8388 SOUTHWIND BAY CIRCLE FORT MYERS, FL 33908		Mailing Address 8388 SOUTHWIND BAY CIRCLE FORT MYERS, FL 33908
		
03012006No Chg-LLC CR2E083 (11/05)		
4. FEI Number 20-0416437		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		
STEHLER, NANCY J 8388 SOUTHWIND BAY CIRCLE FORT MYERS, FL 33908		
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  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE 4/17/06
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DESIGN SOLUTIONS, LLC 8388 SOUTHWIND BAY CIRCLE FORT MYERS, FL 33908	U00000520648 05/02/06-80104-005 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		DATE 4/17/06 <small>Daytime Phone #</small>