

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 24, 2005 8:00 am**  
**Secretary of State**

03-24-2005 90204 014 \*\*\*\*50.00

<b>DOCUMENT # L03000040740</b> 1. Entity Name DESIGN FOR REAL LIVING, LLC			
Principal Place of Business 4315 PABLO OAKS COURT SUITE 1 JACKSONVILLE, FL 32224-9667 US		Mailing Address 4315 PABLO OAKS COURT SUITE 1 JACKSONVILLE, FL 32224-9667 US	
2. Principal Place of Business <u>3200 SOUTH THIRD STREET</u> Suite, Apt. #, etc. <u>SUITE 101</u> City & State <u>JACKSONVILLE, FL</u> Zip <u>32250</u> Country <u>USA</u>		3. Mailing Address <u>3200 SOUTH THIRD ST.</u> Suite, Apt. #, etc. <u>SUITE 101</u> City & State <u>JACKSONVILLE, FL</u> Zip <u>32250</u> Country <u>USA</u>	
4. FEI Number 02-0710034		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		02032005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent STOKES, LYNDA F 4315 PABLO OAKS COURT SUITE 1 JACKSONVILLE, FL 32224-9667		7. Name and Address of New Registered Agent Name <u>Lynda F. Stokes</u> Street Address (P.O. Box Number is Not Acceptable) <u>3200 SOUTH THIRD STREET</u> <u>SUITE 101</u> City <u>Jacksonville</u> FL Zip Code <u>32250</u>	
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 <u>[Signature]</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>2/3/05</u>			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STOKES, LYNDA F 4315 PABLO OAKS COURT, SUITE 1 JACKSONVILLE, FL 322249667 <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	MGR STOKES, E. CHESTER JR 4315 PABLO OAKS COURT, SUITE 1 JACKSONVILLE, FL 322249667 <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	MGR KRAUS, CARRIE A 3347 LIGHTHOUSE POINTE LANE JACKSONVILLE BEACH, FL 32250 <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 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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		<u>2/3/05</u> Date Daytime Phone #	