

**2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L03000040740

**FILED**  
**Aug 12, 2009**  
**Secretary of State****Entity Name:** DESIGN FOR REAL LIVING, LLC**Current Principal Place of Business:**320 FIRST STREET NORTH  
SUITE 611  
JACKSONVILLE BEACH, FL 32250 US**New Principal Place of Business:****Current Mailing Address:**320 FIRST STREET NORTH  
SUITE 611  
JACKSONVILLE BEACH, FL 32250 US**New Mailing Address:****FEI Number:** 02-0710034**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**KRAUS, CARRIE  
320 FIRST STREET NORTH  
SUITE 611  
JACKSONVILLE BEACH, FL 32250 US**Name and Address of New Registered Agent:**JAMES A. NOLAN, P.A.  
4114 HERSCHEL STREET  
SUITE 105  
JACKSONVILLE, FL 32210 US

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.

**SIGNATURE:** JAMES A. NOLAN

08/12/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:****Title:** MGRM ( ) Delete  
**Name:** KRAUS, CARRIE  
**Address:** 3347 LIGHTHOUSE POINT LANE  
**City-St-Zip:** JACKSONVILLE BEACH, FL 32250**Title:** MGRM (X) Delete  
**Name:** KRAUS, BRIAN  
**Address:** 3347 LIGHTHOUSE POINT LANE  
**City-St-Zip:** JACKSONVILLE, FL 32250 US**ADDITIONS/CHANGES:****Title:** MGR (X) Change ( ) Addition  
**Name:** KRAUS, CARRIE A  
**Address:** 3347 LIGHTHOUSE POINT LANE  
**City-St-Zip:** JACKSONVILLE BEACH, FL 32250 US**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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:** CARRIE A. KRAUS

MGR

08/12/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date