

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000043014

FILED  
Apr 20, 2004  
Secretary of State

Entity Name: MOTIV DESIGNS, LLC

**Current Principal Place of Business:**

2083 SHADOW LANE  
CLEARWATER, FL 33763 US

**New Principal Place of Business:**

1603 1/2 EAST 7TH AVE  
SUITE #4  
TAMPA, FL 33605 US

**Current Mailing Address:**

2083 SHADOW LANE  
CLEARWATER, FL 33763 US

**New Mailing Address:**

FEI Number: 58-2677051      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: FISCHER, KRISTINA  
Address: 2083 SHADOW LAND  
City-St-Zip: CLEARWATER, FL 33763 US

Title: MGRM ( ) Delete  
Name: FISCHER, KEVIN  
Address: 2083 SHADOW LANE  
City-St-Zip: CLEARWATER, FL 33763 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KEVIN R. FISCHER

MGRM

04/20/2004

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