


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90079 034 \*\*\*\*50.00

<b>DOCUMENT # L03000048187</b> 1. Entity Name BROWN BOX DESIGN LLC	
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Principal Place of Business 2475 BRICKELL AVE. 1809 MIAMI, FL 33129 US	Mailing Address 2475 BRICKELL AVE. 1809 MIAMI, FL 33129 US
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**DO NOT WRITE IN THIS SPACE**



02272005No Chg-LLC

CR2E083 (10/03)

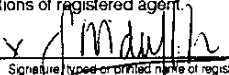
4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

ACTIVE FILINGS, LLC  
10651 NE 11TH COURT  
MIAMI SHORES, FL 33138

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WIDUCZYNSKI, SILVANA 2475 BRICKELL AVE #1809 MIAMI, FL 33129
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE** Date: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_