



**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 08, 2008 08:00 A
Secretary of State

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| DOCUMENT # L04000010164 1. Entity Name DESIGN PLUS ENTERPRISES, LLC |  |
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| Principal Place of Business 5655 NORTHBORO DRIVE #202 NAPLES, FL 34110 | Mailing Address 5655 NORTHBORO DRIVE #202 NAPLES, FL 34110 |
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| DO NOT WRITE IN THIS SPACE |
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| 01042008No Chg-LLC CR2E083 (12/07) | |
| 4. FEI Number 13-4312603 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent WOOD, DOUGLAS A 1000 NORTH TAMiami TRAIL, SUITE 201 NAPLES, FL 34102 |
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| B. 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 _____ |

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| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 |
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| 9. MANAGING MEMBERS/MANAGERS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM CHIARULLI, DIANE 5655 NORTHBORO DRIVE #202 NAPLES, FL 34110 |
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| <p>U000000775876 01/09/08-80001-011 138.75</p> <p>DO NOT WRITE IN THIS SPACE</p> |
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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: <u>Diane Chiarulli</u> | <u>1/5/08</u> <u>239-513-1077</u> |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE | |

Diane Chiarulli