

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000010994

Entity Name: DUE SOUTH DESIGNS, LLC

FILED
Apr 17, 2008
Secretary of State

Current Principal Place of Business:

2786 SE CLARETON TERRACE
PORT ST. LUCIE, FL 34952

New Principal Place of Business:

Current Mailing Address:

2786 SE CLARETON TERRACE
PORT ST. LUCIE, FL 34952

New Mailing Address:

10302 S. FEDERAL HIGHWAY
STE. 254
PORT ST. LUCIE, FL 34952 US

FEI Number: 61-1466591

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOWNSEND, JENNIFER L
2786 SE CLARETON TERRACE
PORT ST. LUCIE, FL 34952 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/MANAGERS:

Title: MGR () Delete
Name: TOWNSEND, WILLIAM G
Address: 2786 SE CLARETON TERRACE
City-St-Zip: PORT ST. LUCIE, FL 34952 US

Title: MGR () Delete
Name: TOWNSEND, JENNIFER L
Address: 2786 SE CLARETON TERRACE
City-St-Zip: PORT ST. LUCIE, FL 34952 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: TOWNSEND, JENNIFER L
Address: 2786 SE CLARETON TERRACE
City-St-Zip: PORT ST. LUCIE, FL 34952 US

Title: MGR (X) Change () Addition
Name: TOWNSEND, WILLIAM G
Address: 2786 SE CLARETON TERRACE
City-St-Zip: PORT ST. LUCIE, FL 34952 US

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: JENNIFER L. TOWNSEND

MGR

04/17/2008

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