

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Jan 20, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # L04000014411**

**1. Entity Name  
MOLLY SILVERSTEIN DESIGN, LLC**



**Principal Place of Business  
5599 PORTO FINO DRIVE  
BOCA RATON, FL 33433**

**Mailing Address  
5599 PORTO FINO DRIVE  
BOCA RATON, FL 33433**



01142006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number  
03-0536815**

**Applied For  
Not Applicable**

**5. Certificate of Status Desired**



**\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**ROTHBERG, ALAN  
3101 N. FEDERAL HIGHWAY, SUITE 302  
FORT LAUDERDALE, FL 33306**

**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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

**TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGRM  
SILVERSTEIN, MOLLY  
5599 PORTOFINO DRIVE  
BOCA RATON, FL 33433**

**TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP**

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CITY- ST- ZIP**

1100000293377  
01/25/06-80016-013 50.00

**DO NOT WRITE  
IN THIS SPACE**

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #