2066 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000014581

1. Entity Name

ULTIMATE DESIGN STUDIOS, LLC



FILED May 02, 2006 08:00 Al Secretary of State

Principal Place of Business

Mailing Address

1519 SUNNYHILLS DR BRANDON, FL 33510 1519 SUNNYHILLS DR BRANDON, FL 33510



04182006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 42-1621642 Applied For Not Applicable

5. Certificate of Status Desired

M

\$5.00 Additional Fee Required

5. Name and Address of Current Registered Agent

HERNANDEZ, FRANK 1519 SUNNYHILLS DR BRANDON, FL 33510

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	e named entity submits this statement for the purpose of char tions of registered agent.	nging its registered office or registered agent, or bi	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE	
F	iling Fee is \$50.00 bue by May 1, 2006			
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES HERNANDEZ, FRANK 1519 SUNNYHILLS DR BRANDON, FL 33510			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			000000559385 05/17/06-80135-021 55.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	IN THIS SPACE	
TITLE				

11. I hereby certify that the information supplied with this fifing 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:

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

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

Halby

813310940

Date

Daytime Phone #