2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DOCUMENT # L04000014581

1. Entity Name

CITY-ST-ZIP

ULTIMATE DESIGN STUDIOS, LLC



Mailing Address

1519 SUNNYHILLS DR BRANDON, FL 33510

Principal Place of Business

1519 SUNNYHILLS DR BRANDON, FL 33510 FILED Apr 30, 2008 08:00 AN Secretary of State



03292008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number Applied For Vot Applied 42-1621642 Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

HERNANDEZ, FRANK 1519 SUNNYHILLS DR BRANDON, FL 33510

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	e named entity submits this statement for the purpose of cha- tions of registered agent.	inging its registered office or registered agent, or bo	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
FILE After May	E NOWILL FEE IS \$138.75 y 1, 2008 Fee will be \$538.75		
9.	MANAGING MEMBERS/MANAGERS		000000937531
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES HERNANDEZ, FRANK 1519 SUNNYHILLS DR BRANDON, FL 33510		05/27/08-80054-00S 143.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE
TITLE Name Street address City-St-Zip			
TITLE NAME			

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 flability company or the receiver or rustee empowered to execute this report as required by Chapter 608, Florida Statutes.

NZED NAME OF SIGNING MANAGING MEMBER; OR AUTHORIZED REPRESENTATIVE