

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90277 024 \*\*\*\*50.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                     |                                                      |                                                                                                                                                         |                                                                                          |  |
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| <b>DOCUMENT # L04000051794</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                     |                                                      |                                                                                                                                                         |         |  |
| 1. Entity Name<br><b>DESIGN SALES &amp; MARKETING, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                     |                                                      |                                                                                                                                                         |                                                                                          |  |
| Principal Place of Business<br><b>3696 N. FEDERAL HIGHWAY, SUITE 203<br/>FT LAUDERDALE, FL 33308</b>                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                     |                                                      | Mailing Address<br><b>3696 N. FEDERAL HIGHWAY, SUITE 203<br/>FT LAUDERDALE, FL 33308</b>                                                                |                                                                                          |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                     |                                                      | 3. Mailing Address                                                                                                                                      |                                                                                          |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                     |                                                      | Suite, Apt. #, etc.                                                                                                                                     |                                                                                          |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                     |                                                      | City & State                                                                                                                                            |                                                                                          |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Country                                                                                                                             | Zip                                                  | Country                                                                                                                                                 | 4. FEI Number<br><b>14-312656A</b>                                                       |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                     |                                                      |                                                                                                                                                         | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |  |
| 8. Name and Address of Current Registered Agent<br><b>PIOTRKOWSKI, JOEL S ESQ.<br/>317 - 71ST STREET<br/>MIAMI BEACH, FL 33141</b>                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                     |                                                      |                                                                                                                                                         | 7. Name and Address of New Registered Agent                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                     |                                                      |                                                                                                                                                         | Name                                                                                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                     |                                                      |                                                                                                                                                         | Street Address (P.O. Box Number is Not Acceptable)                                       |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                     |                                                      |                                                                                                                                                         | City                                                                                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                     |                                                      |                                                                                                                                                         | FL Zip Code                                                                              |  |
| 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                     |                                                      |                                                                                                                                                         |                                                                                          |  |
| Filing Fee is \$50.00<br>Due by May 1, 2005                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                     | Make check payable to<br>Florida Department of State |                                                                                                                                                         |                                                                                          |  |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                     |                                                      | 10. ADDITIONS/CHANGES                                                                                                                                   |                                                                                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | MGRM<br>MARKOFKY, STANLEY<br>3696 N FEDERAL HIGHWAY, SUITE 203<br>FT LAUDERDALE, FL 33308 <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP       | MGRM<br>markofsky, stanley<br>17716 Villa Club Way<br>Boca Raton, FL 33496 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | MGRM<br>ACKERMAN, MARK<br>7331 OFFICE PARK PLACE, BLDG A, SUITE 400<br>VIERA, FL 32940 <input type="checkbox"/> Delete              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP       | MGRM<br>Ackerman, Mark<br>1155 Pallister Lane<br>Heathrow, FL 32746-1950 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |                                                                                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | MGRM<br>ACKERMAN, LON<br>7331 OFFICE PARK PLACE, BLDG A, SUITE 400<br>VIERA, FL 32940 <input checked="" type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP       |                                                                                                                                                         |                                                                                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | MGRM<br>ACKERMAN, ROBERT<br>7331 OFFICE PARK PLACE, BLDG A, SUITE 400<br>VIERA, FL 32940 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP       |                                                                                                                                                         |                                                                                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                       |                                                                                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                       |                                                                                          |  |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                     | Stanley Markofsky                                    |                                                                                                                                                         | (954) 561-5161                                                                           |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                     | Date                                                 |                                                                                                                                                         | Daytime Phone #                                                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                     | managing member                                      |                                                                                                                                                         |                                                                                          |  |