


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 04, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000052969</b> 1. Entity Name ALLABASTRO DESIGNS, LLC	
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Principal Place of Business 2408 SW OAK RIDGE RD. PALM CITY, FL 34990-2034	Mailing Address 2408 SW OAK RIDGE RD. PALM CITY, FL 34990-2034
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**DO NOT WRITE IN THIS SPACE**



05022006 No Chg-LLC

CR2E083 (11/05)

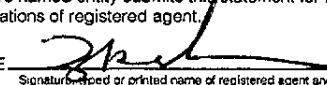
4. FEI Number 56-2471630	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  ALLABASTRO, NANCY 2408 SW OAK RIDGE RD. PALM CITY, FL 34990-2034
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**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  5.2.2006  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

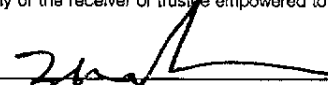
**Filing Fee is \$50.00**  
**Due by September 6, 2006** 

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ALLABASTRO, NANCY 2408 SW OAK RIDGE RD. PALM CITY, FL 349902034
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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05/19/06-80064-010 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:  5.2.2006 772 288 2519  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #