2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000054098

1. Entity Name BY DESIGN GROUP, LLC



FILED Mar 14, 2006 08:00 AM **Secretary of State**

Principal Place of Business

1093 A1A BEACH BLVD., SUITE 147 ST. AUGUSTINE BEACH, FL 32080-6733 Mailing Address

1093 ATA BEACH BLVD., SUITE 147 ST. AUGUSTINE BEACH, FL 32080-6733



01232006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1801731

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MURRAY DOUGLAST

520 TURNBERRY LANE ST. AUGUSTINE, FL 32080		IN THIS SPACE	
8. The above the obligat	named entity submits this statement for the purpose of cha tions of registered agent.	.nging its registered office or registered egent, or b	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title 1 applicable	(NOTE: Registered Agent eignature required when rematating)	DATE
Filing Fee is \$50.00 Due by May 1, 2006			19 00 00 00 00 00 00 00 00 00 00 00 00 00
TITLE NAME STREET ADDRESS CITY-SC-ZIP	MANAGING MEMBERS/MANAGERS MGR MURRAY, DOUGLAS L 520 TURNBERRY LANE ST. AUGUSTINE, FL 32080		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZP		DO	NOT WRITE
MILE NAME SIREET ADDRESS CHY-ST-ZP		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 path; that I am a managing member or manager of the limited flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

TITLE NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

1-25-2006

904-471-2671