## 2008 LIMITED LIABILITY-COMPANY ANNUAL REPORT

## **DOCUMENT # L04000054098**

1. Entity Name
BY DESIGN GROUP, LLC



FILED Jan 18, 2008 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 A1A BEACH BLVD., SUITE 147 St. Augustine Beach, FL 32080-6733



## DO NOT WRITE IN THIS SPACE

01112008 No Chg-LLC CR2E083 (12/07)

4. FEI Number		Applied For
20-1801731		Not Applicable
5. Certificate of Status Desired	\$5.00 Fee Re	Additional autred

6. Name and Address of Current Registered Agent

MURRAY, DOUGLAS L 520 TURNBERRY LANE ST. AUGUSTINE, FL 32080

## DO NOT WRITE IN THIS SPACE

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	named entity submits this statement for the purpose of char ilons of registered agent.	ging its registered office or registered agent, 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 if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
FiLE After May	NOWIII FEE IS \$138.75 y 1, 2008 Fee will be \$538.75		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MURRAY, DOUGLAS L 520 TURNBERRY LANE ST. AUGUSTINE, FL 32080		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			U00000789222 01/22/08-80017-015 138.75
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 STREET ADDRESS CITY-ST-ZIP		· · ·	

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 SIGNATURE AND TYPED OFFRINTED NAME OF SIGNING MARAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

19/08 904-687-30.

Daytime Phone #