

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000055769

FILED
Jun 30, 2005
Secretary of State

Entity Name: STUART DESIGN AND DEVELOPMENT, LLC

Current Principal Place of Business:

301 OCEAN DRIVE
#305
MIAMI BEACH, FL 33139 US

New Principal Place of Business:

1602 ALTON ROAD, SUITE 600
MIAMI BEACH, FL 33139 US

Current Mailing Address:

301 OCEAN DRIVE
#305
MIAMI BEACH, FL 33139 US

New Mailing Address:

1602 ALTON ROAD, SUITE 600
MIAMI BEACH, FL 33139 US

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

LIVINGSTONE, BARRIE
301 OCEAN DRIVE
#305
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

LIVINGSTONE, BARRIE
1602 ALTON ROAD, SUITE 600
MIAMI BEACH, FL 33139 US

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.

SIGNATURE: BARRIE LIVINGSTONE

06/30/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LIVINGSTONE, BARRIE
Address: 301 OCEAN DRIVE, #305
City-St-Zip: MIAMI BEACH, FL 33139 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LIVINGSTONE, BARRIE
Address: 1602 ALTON ROAD, SUITE 600
City-St-Zip: MIAMI BEACH, FL 33139 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BARRIE LIVINGSTONE

MGR

06/30/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date