

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 22, 2005 8:00 am
Secretary of State

08-22-2005 90188 024 ****50.00

20067023



DOCUMENT # L04000057636 1. Entity Name DESIGNED FOR SALE, LLC					
Principal Place of Business 8180 CLEARY BLVD. #1812 PLANTATION, FL 33324			Mailing Address 8180 CLEARY BLVD. #1812 PLANTATION, FL 33324		
2. Principal Place of Business 941 Bluewood Terrace Suite, Apt. #, etc. Weston City & State Weston FL Zip 33327 Country USA		3. Mailing Address 941 Bluewood Terrace Suite, Apt. #, etc. City & State Weston FL Zip 33327 Country USA		08022005 Chg-LLC CR2E083 (10/03) 4. FEI Number 20-1603 083 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent DENHAM, ROSEANNE 8180 CLEARY BLVD. #1812 PLANTATION, FL 33324	
7. Name and Address of New Registered Agent Name Denham, Roseanne Street Address (P.O. Box Number is Not Acceptable) 941 Bluewood Terrace City Weston, FL Zip Code 33327					
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 8/2/05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State		9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP Roseanne Denham, MGRM <input type="checkbox"/> Change <input type="checkbox"/> Addition 941 Bluewood Terrace Weston, FL 33327	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP MGR <input type="checkbox"/> Change <input type="checkbox"/> Addition Warren David MacDougall 941 Bluewood Terrace Weston, FL 33327	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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)(i), 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:				8/2/05 305 970-2030 <small>Date Daytime Phone #</small>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					