



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 15, 2005 8:00 A.
Secretary of State

DOCUMENT # L04000062469 1. Entity Name MONSTER DESIGNS BY DT, LLC					
Principal Place of Business 417 SUN LAKE CIRCLE, APT. 303 LAKE MARY, FL 32746			Mailing Address PO BOX 953398 LAKE MARY, FL 32795-3398		
2. Principal Place of Business 18302 STONEBROOK DR Suite, Apt. #, etc.		3. Mailing Address PO BOX 953398 Suite, Apt. #, etc.			
City & State SANFORD, FL Zip 32773 Country USA		City & State LAKE MARY, FL Zip 32795 Country USA		4. FEI Number 51-0444352 Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				07282005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent TURNER, DAVID M 417 SUN LAKE CIRCLE, APT. 303 LAKE MARY, FL 32746			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 <u><i>David Turner</i></u> / DAVID M TURNER / MGRM 9-05-5 <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			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TURNER, DAVID M 417 SUN LAKE CIRCLE, APT. 303 LAKE MARY, FL 32746 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TURNER, DAVID M 18302 STONEBROOK DR. SANFORD, FL 32773 <input checked="" 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	
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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: <u><i>David Turner</i></u> DAVID M. TURNER 9-5-5 407-687-3425 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					