2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000064882

Entity Name: DESIGNER GROUP, LLC

FILED Apr 05, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

15274 FIORENZA CIRCLE 11 SW12TH AVENUE DELRAY BEACH, FL 33446 DANIA BEACH, FL 33004

Current Mailing Address: New Mailing Address:

15274 FIORENZA CIRCLE 11 SW12TH AVENUE DELRAY BEACH, FL 33446 DANIA BEACH, FL 33004

FEI Number: 20-1566325 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DADE COUNTY CORPORATE AGENTS, INC.

18901 NE 29TH AVENUE

SUITE 100

AVENTURA, FL 33180 US

ANIDJAR, SAMUEL

3001 N 34TH STREET

HOLLYWOOD, FL 33021 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: ANIDJAR SAMUEL 04/05/2005

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:

Title: MGR () Delete Title: MGR (X) Change () Addition

 Name:
 REVAH, GABRIEL
 Name:
 ANIDJAR, SAMUEL

 Address:
 15274 FIORENZA CIRCLE
 Address:
 3001 N 34TH ST

 City-St-Zip:
 DELRAY BEACH, FL 33446
 City-St-Zip:
 HOLLYWOOD, FL 33021

Title: MGR (X) Delete Title: () Change () Addition

 Name:
 ABECASSIS, SAM
 Name:

 Address:
 15274 FIORENZA CIRCLE
 Address:

 City-St-Zip:
 DELRAY BEACH, FL 33446
 City-St-Zip:

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: ANIDJAR SAMUEL MGR 04/05/2005