

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 23, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000086473

1. Entity Name
KOEL DESIGN GROUP, LLC



Principal Place of Business
**2290 TENTH AVENUE NORTH, SUITE 301
LAKE WORTH, FL 33461**

Mailing Address
**2290 TENTH AVENUE NORTH, SUITE 301
LAKE WORTH, FL 33461**



02162006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
84-1672607

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MARTINEZ, LEONARDO
2290 TENTH AVENUE NORTH, SUITE 301
LAKE WORTH, FL 33461**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

**U00000445109
03/07/06-80028-015 55.00**

9. MANAGING MEMBERS/MANAGERS

TITLE	MR.
NAME	LEO, MARTINEZ
STREET ADDRESS	2290 10TH AVE NORTH, STE 301
CITY-ST-ZIP	LAKE WORTH, FL 33461

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

02/20/06 (84)7281537

Date

Daytime Phone #