

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000000172

Entity Name: DESIGN STUDIO A., LLC

FILED  
Apr 03, 2006  
Secretary of State

**Current Principal Place of Business:**

6090 SUMMERLAKE DR.  
PORT ORANGE, FL 32127 US

**New Principal Place of Business:**

2745 SOUTH RIDGEWOOD AVENUE  
SOUTH DAYTONA, FL 32119 US

**Current Mailing Address:**

6090 SUMMERLAKE DR.  
PORT ORANGE, FL 32127 US

**New Mailing Address:**

2745 SOUTH RIDGEWOOD AVENUE  
SOUTH DAYTONA, FL 32119 US

FEI Number: 20-2078753

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

BENNETT, ALISSA M  
6090 SUMMERLAKE DRIVE  
PORT ORANGE, FL 32127 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BENNETT, ALISSA M  
Address: 6090 SUMMERLAKE DRIVE  
City-St-Zip: PORT ORANGE, FL 32127 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: ALISSA M BENNETT

MGRM

04/03/2006

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