

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000042796

FILED  
Jan 19, 2008  
Secretary of State

**Entity Name:** DESIGN CORP ARCHITECTURAL & DRAFTING SERVICES OF SW FLORIDA, LLC

**Current Principal Place of Business:**

265 E. MARION AVE  
SUITE 119  
PUNTA GORDA, FL 33950

**New Principal Place of Business:**

**Current Mailing Address:**

265 E. MARION AVE  
SUITE 119  
PUNTA GORDA, FL 33950

**New Mailing Address:**

382 GUNTER AVE  
GUNTERSVILLE, AL 35976

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

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

PRATHER, FRED  
265 E. MARION AVE  
SUITE 119  
PUNTA GORDA, FL 33950 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: PRATHER, FRED  
Address: 265 E. MARION AVE SUITE 119  
City-St-Zip: PUNTA GORDA, FL 33950

Title: MGRM ( ) Delete  
Name: KRESS, ROGER  
Address: 265 E. MARION AVE SUITE 119  
City-St-Zip: PUNTA GORDA, FL 33950

**ADDITIONS/CHANGES:**

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

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

I hereby certify that the information supplied with this filing does not qualify 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: ROGER J. KRESS

MGRM

01/19/2008

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