


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 18, 2007 8:00 am
Secretary of State

05-18-2007 90220 024 ****55.00

DOCUMENT # L05000059250	
1. Entity Name SUBLIME DESIGNS L.L.C.	

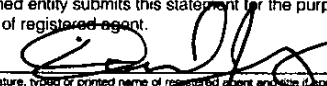
Principal Place of Business 1007 SE 2ND CT. STUDIO 1 FT. LAUDERDALE, FL 33301	Mailing Address 1007 SE 2ND CT. STUDIO 1 FT. LAUDERDALE, FL 33301
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2. Principal Place of Business - No P.O. Box # 801 SW 4th Court Suite, Apt. #, etc. #3	3. Mailing Address 801 SW 4th Court Suite, Apt. #, etc. #3
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City & State Fort Lauderdale, FL Zip 33312 Country USA	City & State Fort Lauderdale, FL Zip 33312 Country USA
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6. Name and Address of Current Registered Agent JONES, DANIEL 1007 SE 2ND CT. STUDIO 1 FT. LAUDERDALE, FL 33301	7. Name and Address of New Registered Agent Name N/A Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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  **DATE**

Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reappointing)

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR NAME JONES, DANIEL STREET ADDRESS 1007 SE 2ND CT. STUDIO 1 CITY-ST-ZIP FT. LAUDERDALE, FL 33301	<input type="checkbox"/> Delete	TITLE MGR NAME JONES, Daniel STREET ADDRESS 801 SW 4th Court #3 CITY-ST-ZIP N/A - SAME City State, 33312	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE N/A NAME N/A STREET ADDRESS N/A CITY-ST-ZIP N/A	<input type="checkbox"/> Delete	TITLE N/A NAME N/A STREET ADDRESS N/A CITY-ST-ZIP N/A	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE N/A NAME N/A STREET ADDRESS N/A CITY-ST-ZIP N/A	<input type="checkbox"/> Delete	TITLE N/A NAME N/A STREET ADDRESS N/A CITY-ST-ZIP N/A	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE N/A NAME N/A STREET ADDRESS N/A CITY-ST-ZIP N/A	<input type="checkbox"/> Delete	TITLE N/A NAME N/A STREET ADDRESS N/A CITY-ST-ZIP N/A	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE N/A NAME N/A STREET ADDRESS N/A CITY-ST-ZIP N/A	<input type="checkbox"/> Delete	TITLE N/A NAME N/A STREET ADDRESS N/A CITY-ST-ZIP N/A	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE N/A NAME N/A STREET ADDRESS N/A CITY-ST-ZIP N/A	<input type="checkbox"/> Delete	TITLE N/A NAME N/A STREET ADDRESS N/A CITY-ST-ZIP N/A	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Daniel Aaron Jones **3/26/07** **754.244.0000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # 4255