


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90046 047 \*\*\*\*50.00

DOCUMENT # L05000080446	
1. Entity Name DESIGNS BY JPW, LLC	

Principal Place of Business 13355 LAKESIDE TERRACE COOPER CITY, FL 33330	Mailing Address 13355 LAKESIDE TERRACE COOPER CITY, FL 33330
--	--

2. Principal Place of Business 1457 Martiniqre Ct Suite, Apt. #, etc. Unit 5610 City & State Weston, FL Zip 33324 Country USA	3. Mailing Address 1457 Martiniqre Ct Suite, Apt. #, etc. Unit 5610 City & State Weston, FL Zip 33324 Country USA
--	--



04072006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-434-1002	Applied For Not Applicable
------------------------------	-------------------------------

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent KERR, CAMILLE 12780 SW 53RD ST MIRAMAR, FL 33027	7. Name and Address of New Registered Agent Name Kerr, Camille Street Address (P.O. Box Number is Not Acceptable) 1457 Martiniqre Ct. Unit 5610 City Weston FL Zip Code 33324
---	--

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 Camille Kerr DATE 4/27/06

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

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
---	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KERR, CAMILLE N 12780 SW 53RD ST MIRAMAR, FL 33027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Kerr, Camille N 1457 Martiniqre Ct. Unit 5610 Weston, FL 33324 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILSON, JOAN P 13355 LAKESIDE TERRACE COOPER CITY, FL 33330 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Wilson, Joan P 1457 Martiniqre Ct. Unit 5610 Weston, FL 33324 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: Camille Kerr DATE 4/27/06 DAYTIME PHONE # 954-260-5675

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE