

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90034 036 \*\*\*\*50.00

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DOCUMENT # L05000086517			
1. Entity Name ROYALE DESIGNCO LLC			
Principal Place of Business 18001 COLLINS AVE STE 13 SUNNY ISLES, FL 33160		Mailing Address 18001 COLLINS AVE STE 13 SUNNY ISLES, FL 33160	
2. Principal Place of Business - No P.O. Box # <b>15371 NE 21 AVE</b>		3. Mailing Address <b>15371 NE 21 AVE</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>N. MIAMI BEACH</b>		City & State <b>N. MIAMI BEACH, FL</b>	
Zip <b>FL 33162</b>	Country <b>DADE</b>	Zip <b>33162</b>	Country <b>DADE</b>
6. Name and Address of Current Registered Agent  SCHUSTER, NADIA 18001 COLLINS AVE STE 13 SUNNY ISLES, FL 33160		7. Name and Address of New Registered Agent Name <b>NADIA SCHUSTER</b> Street Address (P.O. Box Number is Not Acceptable) <b>3051 NE 164 ST</b> City <b>NORTH MIAMI BEACH FL</b> Zip Code <b>33160</b>	
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 <input checked="" type="checkbox"/> <b>NADIA SCHUSTER MGRM</b>		DATE <b>04-20-07</b>	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHUSTER, NADIA 18001 COLLINS AVE SUNNY ISLES, FL 33160 <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
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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: <input checked="" type="checkbox"/> <b>NADIA SCHUSTER</b>		DATE <b>4-20-07</b>	Daytime Phone # <b>954-692-7261</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	Daytime Phone #