
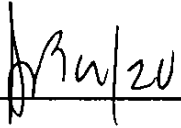



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

04-17-2006 90041 037 ***50.00
L05000103936

DOCUMENT # L05000103936 1. Entity Name DESIGN EVOLUTION, LLC					
Principal Place of Business 2919 FORBES STREET JACKSONVILLE, FL 32205			Mailing Address 2919 FORBES STREET JACKSONVILLE, FL 32205		
2. Principal Place of Business 1629 San Marco Blvd.			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Jacksonville, FL			City & State		
Zip 32207		Country		Country	
6. Name and Address of Current Registered Agent SUTTON, KIMBERLY 2919 FORBES STREET JACKSONVILLE, FL 32205				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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 SUTTON, KIMBERLY 2919 FORBES STREET JACKSONVILLE, FL 32205	<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
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				3.16.06 904.398.6500 <small>Date Daytime Phone</small>	

FILED

06 APR 20 PM 12:51

FLORIDA STATE
JACKSONVILLE, FLORIDA



03152006 Chg-LLC CR2E083 (11/05)

4. FEI Number **81-0681334** Applied For
Not Applicable

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