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Apr 24, 2006 8:00 am
Secretary of State

03-23-2006 90270 013 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000113851

1. Entity Name
DESIGNS BY KIM, LLC

Principal Place of Business	Mailing Address
4715 SATINWOOD TRAIL COCONUT CREEK, FL 33063	4715 SATINWOOD TRAIL COCONUT CREEK, FL 33063

03202006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
SAME	4715 SATINWOOD TRAIL
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: COCONUT CREEK	City & State: FL 33063
Zip / Country	Zip / Country

4. FEI Number: 56-2551603 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

STEVENS, KIMBERLY L
4715 SATINWOOD TRAIL
COCONUT CREEK, FL 33063

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 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	~~[struck through]~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT KIMBERLY STEVENS 4715 SATINWOOD TRAIL COCONUT CRK, FL 33063 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: Kimberly Stevens KIMBERLY STEVENS 3/20/06 954-984-9547
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #