

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000118152

Entity Name: DESIGNS ONLINE LLC

FILED  
Apr 30, 2006  
Secretary of State

**Current Principal Place of Business:**

6700 CONROY WINDERMERE ROAD  
SUITE 250  
ORLANDO, FL 32835 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 618500  
ORLANDO, FL 32861 US

**New Mailing Address:**

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SORG, ERIC A  
2900 MONTICELLO PLACE  
#203  
ORLANDO, FL 32835 US

**Name and Address of New Registered Agent:**

BUNNER, WILLIAM J  
6700 CONROY WINDERMERE ROAD  
250  
ORLANDO, FL 32835 US

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.

SIGNATURE: WILLIAM JAY BUNNER

04/30/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SORG, ERIC A  
Address: 6700 CONROY WINDERMERE ROAD, SUITE 250  
City-St-Zip: ORLANDO, FL 32835 US

Title: MGRM ( ) Delete  
Name: BUNNER, WILLIAM J  
Address: 6700 CONROY WINDERMERE ROAD, SUITE 250  
City-St-Zip: ORLANDO, FL 32835 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: WILLIAM JAY BUNNER

MGRM

04/30/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date