
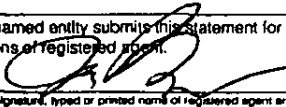
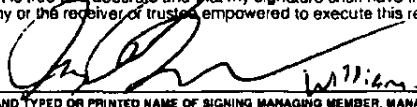


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 22, 2007 8:00 am
Secretary of State

5/3,

05-03-2007 90256 047 ****50.00

DOCUMENT # L05000118152			
1. Entity Name DESIGNS ONLINE LLC			
Principal Place of Business 6700 CONROY WINDERMERE ROAD SUITE 250 ORLANDO, FL 32835 US		Mailing Address PO BOX 618500 ORLANDO, FL 32861 US	
2. Principal Place of Business - No P.O. Box # 3197 Wax Myrtle Ct Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Kissimmee FL		City & State	
Zip 34744	Country	Zip	Country
4. FEI Number APPLIED FOR 20-3916574		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
8. Name and Address of Current Registered Agent BUNNER, WILLIAM J 6700 CONROY WINDERMERE ROAD 250 ORLANDO, FL 32835		7. Name and Address of New Registered Agent Name William Jay Bunner Street Address (P.O. Box Number is Not Acceptable) 3197 Wax Myrtle Ct City Kissimmee FL Zip Code 34744	
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 4/30/07	
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 MGRM <input type="checkbox"/> Delete NAME SORG, ERIC A STREET ADDRESS 6700 CONROY WINDERMERE ROAD, SUITE 250 CITY-ST-ZIP ORLANDO, FL 32835	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME PO BOX 618500 STREET ADDRESS Orlando FL 32861 CITY-ST-ZIP	
TITLE MGRM <input type="checkbox"/> Delete NAME BUNNER, WILLIAM J STREET ADDRESS 6700 CONROY WINDERMERE ROAD, SUITE 250 CITY-ST-ZIP ORLANDO, FL 32835	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME PO BOX 618500 STREET ADDRESS Orlando FL 32861 CITY-ST-ZIP	
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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: 		DATE 4/30/07 407-484-167	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

30011140



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