


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90077 044 \*\*\*\*50.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     |                                                                                   |                                                                                                                                                                 |                                                                                                 |  |
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| DOCUMENT # L06000015537                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     |                                                                                   |                                                                                                                                                                 |                |  |
| 1. Entity Name<br><b>DESIGN SCHEMES OF FLORIDA, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     |                                                                                   |                                                                                                                                                                 |                                                                                                 |  |
| Principal Place of Business<br>6620 ESTERO BOULEVARD<br>FORT MYERS BEACH, FL 33931                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |                                                                                   | Mailing Address<br>6620 ESTERO BOULEVARD<br>FORT MYERS BEACH, FL 33931                                                                                          |                                                                                                 |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>7916 Drew Circle</b><br>Suite, Apt. #, etc.<br><b>#7</b>                                                                                                                                                                                                                                                                                                                                                                                            |                                     | 3. Mailing Address<br><b>7916 Drew Circle</b><br>Suite, Apt. #, etc.<br><b>#7</b> |                                                                                                                                                                 |                                                                                                 |  |
| City & State<br><b>Fort Myers, FL</b><br>Zip<br><b>33967</b>                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     | City & State<br><b>Fort Myers, FL</b><br>Zip<br><b>33967</b>                      |                                                                                                                                                                 | 4. FEI Number<br><b>20-4289824</b>                                                              |  |
| Country<br><b>USA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     | Country<br><b>USA</b>                                                             |                                                                                                                                                                 | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent<br><br><b>VOGEL, JAMES D</b><br><b>3936 TAMiami TRAIL NORTH, SUITE B</b><br><b>NAPLES, FL 34103</b>                                                                                                                                                                                                                                                                                                                                                      |                                     |                                                                                   | 7. Name and Address of New Registered Agent<br>Name <b>Sharon Lawrence</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City <b>FL</b> 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.<br>SIGNATURE <b>Sharon Lawrence</b> <b>Sharon Lawrence</b> <b>4-25-07</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>                                |                                     |                                                                                   |                                                                                                                                                                 |                                                                                                 |  |
| <b>Filing Fee is \$50.00</b><br><b>Due by May 1, 2007</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     | <b>Make check payable to</b><br><b>Florida Department of State</b>                |                                                                                                                                                                 |                                                                                                 |  |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                                                                   | 10. ADDITIONS/CHANGES                                                                                                                                           |                                                                                                 |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | MGR <input type="checkbox"/> Delete |                                                                                   | TITLE                                                                                                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | LAWRENCE, DAVID A                   |                                                                                   | NAME                                                                                                                                                            |                                                                                                 |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 6620 ESTERO BLVD.                   |                                                                                   | STREET ADDRESS                                                                                                                                                  |                                                                                                 |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | FORT MYERS BEACH, FL 33931          |                                                                                   | CITY-ST-ZIP                                                                                                                                                     |                                                                                                 |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | MGR <input type="checkbox"/> Delete |                                                                                   | TITLE                                                                                                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | TODD, RALPH L                       |                                                                                   | NAME                                                                                                                                                            |                                                                                                 |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 23343 OLDE MEADOWBROOK CIRCLE       |                                                                                   | STREET ADDRESS                                                                                                                                                  |                                                                                                 |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | BONITA SPRINGS, FL 34134            |                                                                                   | CITY-ST-ZIP                                                                                                                                                     |                                                                                                 |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | MGR <input type="checkbox"/> Delete |                                                                                   | TITLE                                                                                                                                                           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                    |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Sharon Lawrence                     |                                                                                   | NAME                                                                                                                                                            |                                                                                                 |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 29121 Brendisi Way #101             |                                                                                   | STREET ADDRESS                                                                                                                                                  |                                                                                                 |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Naples, FL 34110                    |                                                                                   | CITY-ST-ZIP                                                                                                                                                     |                                                                                                 |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete     |                                                                                   | TITLE                                                                                                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                                                                   | NAME                                                                                                                                                            |                                                                                                 |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                                                                                   | STREET ADDRESS                                                                                                                                                  |                                                                                                 |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |                                                                                   | CITY-ST-ZIP                                                                                                                                                     |                                                                                                 |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete     |                                                                                   | TITLE                                                                                                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                                                                   | NAME                                                                                                                                                            |                                                                                                 |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |                                                                                   | STREET ADDRESS                                                                                                                                                  |                                                                                                 |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |                                                                                   | CITY-ST-ZIP                                                                                                                                                     |                                                                                                 |  |
| 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: <b>Sharon Lawrence</b> <b>Sharon Lawrence</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>                                                                                                                                                                                                                                                                                                                         |                                     |                                                                                   | <b>4-25-07</b> <b>(239) 454-4433</b><br><small>Date Daytime Phone #</small>                                                                                     |                                                                                                 |  |

**60045031**



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