


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 08, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90349 032 \*\*\*\*50.00

<b>DOCUMENT # L06000024560</b> 1. Entity Name <b>STAGED BY DESIGN LLC</b>					
Principal Place of Business <b>611 ISLEBAY DRIVE APOLLO BEACH, FL 33572</b>			Mailing Address <b>611 ISLEBAY DRIVE APOLLO BEACH, FL 33572</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	08062007    Chg-LLC    CR2E083 (12/06)	
4. FEI Number <b>20-4441553</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>  <b>WARNER, JEANNE 611 ISLEBAY DRIVE APOLLO BEACH, FL 33572</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>Filing Fee is \$50.00 Due by September 14, 2007</b>		Make check payable to Florida Department of State <i>Paid-see attached</i>			
<b>9. MANAGING MEMBERS / MANAGERS</b>			<b>10. ADDITIONS / CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR <b>WARNER, JEANNE 611 ISLEBAY DRIVE APOLLO BEACH, FL 33572</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<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.					
<b>SIGNATURE:</b> <i>Jeanne Warner</i> <b>8/5/07</b> <b>813 990-7007</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE    Date    Daytime Phone #</small>					

**30012138**



# ATTACHMENT

# 30012138

STAGED BY DESIGN LLC  
611 ISLEBAY DR

APOLLO BEACH, FL 33572-3336

COPY REFERENCE: 20070702001144 AA  
07/03/07 21:41:04 1 WEB JOBADS1001  
0097036352 20070412 06  
50.00 1000043301612 000000

Staged By Design, Llc. 03/06 Doc # 206000024524097  
611 Islebay Drive  
Apollo Beach, FL 33572  
(813) 990-7007

4/15/07  
DATE

PAY TO THE ORDER OF Florida Dept of State \$ 50.00  
Islebay

SUNTRUST ACH RT 061003104  
FOR US Account Credit Janni Warner

2030 41379  
DEPARTMENT OF STATE  
FOR DEPOSIT ONLY  
ACCT # 100808708  
APR 09 2007  
BANK OF AMERICA  
6540252591

Doc # 2060000245100

I already paid. Here's the cancelled  
check info. I'm resubmitting  
because my FEI # was inadvertently  
not entered. Janni Warner