2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000026585

Entity Name: WESCON DESIGNS, LLC

FILED Jul 21, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5130 COMMERCIAL DRIVE 919 PALM BROOK DR

SUITE H MELBOURNE, FL 32940 US

MELBOURNE, FL 32940

MELBOURNE, FL 32940 US

Current Mailing Address: New Mailing Address:

5130 COMMERCIAL DRIVE 919 PALM BROOK DR

MELBOURNE, FL 32940 SUITE H US MELBOURNE, FL 32940

FEI Number: 20-4478881 FEI Number Applied For () FEI Number Not Applicable ()

Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

CONN, CORRINNE A CONN, CORRINNE A 5130 COMMERCIAL DRIVE 919 PÁLM BROOK DR MELBOURNE, FL 32940 US SUITE H

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: CORRINNE A CONN 07/21/2007

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM () Delete Title: (X) Change () Addition

CONN. CORRINNE A CONN. CORRINNE A Name: Name: Address: 5130 COMMERCIAL DRIVE, SUITE H Address: 919 PALM BROOK DR City-St-Zip: MELBOURNE, FL 32940 US City-St-Zip: MELBOURNE, FL 32940 US

I hereby certify that the information supplied with this filing does not qualify 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: CORRINNE A CONN **MGRM** 07/21/2007