2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2009
Secretary of State

DOCUMENT# L06000051418

Entity Name: DESIGN ALLIANCE GROUP LLC

Current Principal Place of Business:

1999 WELLS ROAD, SUITE "C"
ORANGE PARK, FL 32073

New Principal Place of Business:

1999 WELLS ROAD
SUITE E
ORANGE PARK, FL 32073

Current Mailing Address:

1999 WELLS ROAD, SUITE "C"
ORANGE PARK, FL 32073

New Mailing Address:

1999 WELLS ROAD
SUITE E
ORANGE PARK, FL 32073

FEI Number: 56-2584186 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TOLSON, JOHN F
462 KINGSLEY AVE STE 101
ORANGE PARK, FL 32073 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: YOUNG, DONALD V
Address: 1999 WELLS ROAD, SUITE
City-St-Zip: ORANGE PARK, FL 32073

Title: MGRM ( ) Delete
Name: KLAYBOR, LARRY A
Address: 1999 WELLS ROAD, SUITE
City-St-Zip: ORANGE PARK, FL 32073

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: YOUNG, DONALD V
Address: 1999 WELLS ROAD, SUITE E
City-St-Zip: ORANGE PARK, FL 32073

Title: MGRM (X) Change ( ) Addition
Name: KLAYBOR, LARRY A
Address: 1999 WELLS ROAD, SUITE E
City-St-Zip: ORANGE PARK, FL 32073

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: LARRY A KLAYBOR MGRM 04/17/2009

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