

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000081045

FILED
Jan 11, 2009
Secretary of State

Entity Name: DESIGNER LIFESTYLES "LLC"

Current Principal Place of Business:

3213 TRAFALGAR CT
SAINT AUGUSTINE, FL 32092

New Principal Place of Business:

2220 COUNTY ROAD 210 W
STE 108-428
SAINT JOHNS, FL 32259

Current Mailing Address:

2220 COUNTY ROAD 210 W
STE 108-428
SAINT JOHNS, FL 32259

New Mailing Address:

FEI Number: 20-5406635 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MAYER, CHRISTOPHER J
2220 COUNTY ROAD 210 W
STE 108-428
SAINT JOHNS, FL 32259 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: MAYER, CHRISTOPHER J
Address: 2220 COUNTY RD 210 W STE 108-428
City-St-Zip: SAINT JOHNS, FL 32259

Title: MGRM () Delete
Name: MAYER, JONATHAN I
Address: 2220 COUNTY RD 210 W STE 108-428
City-St-Zip: SAINT JOHNS, FL 32259

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CHRISTOPHER J MAYER

MGRM

01/11/2009

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