2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 11, 2007 8:00 am
Secretary of State
05-16-2007 90175 007 ****50.00

DOCUMENT # L06000115620

1. Entity Name

FOOTWEAR BY DESIGN LLC

Principal Place of Business	Mailing Address
2321 ROANOKE COURT LAKE MARY FL 32746	2321 ROANOKE COURT LAKE MARY FL 32746

1st MOORE CR2E083 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
185 Waymont Court	2321 Roanoke Court
Suite, Apt. #, etc.: Suite 101	Suite, Apt. #, etc.:
City & State: Lake Mary Fl.	City & State: Lake Mary Fl.
Zip: 32746 Country: USA	Zip: 32746 Country: USA

4. FEI Number: 20-8001991 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ECKENRODE, PAMELA 5135 HAYWOOD RUFFIN ROAD SAINT CLOUD FL 34771	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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: Pamela A Eckenrode 3/16/07
Signature, type or print name of registered agent and the date of execution. (NOTE: Required if agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM WALLACE, DALE A 2321 ROANOKE COURT LAKE MARY FL 32746	☐ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM ECKENRODE, PAMELA A 5135 HAYWOOD RUFFIN ROAD SAINT CLOUD FL 34771	☐ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM ECKENRODE, JOHN R 5135 HAYWOOD RUFFIN ROAD SAINT CLOUD FL 34771	☐ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM BIEGE, ROBERT C S2502 COON BLUFF ROAD REEDSBURG WI 53959	☐ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Pamela A Eckenrode Managing Member 3/16/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #