## 2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## Apr 26, 2007 8:00 am Secretary of State **DOCUMENT #L06000123068** 04-26-2007 90041 030 \*\*\*\*55.00 DAWN FELDMAN DESIGNS LLC Principal Place of Business Maiting Address 14011 BENTLY CIRCLE 14011 BENTLY CIRCLE 60041523 FORT MYERS, FL 33912 FORT MYERS, FL 33912 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 14131 Bently 4131 Bentlu Suite, Apt. #, etc. 04232007 Chg-LLC CR2E083 (12/06) 4. FEI Number 20 - 8885 Applied For uera ort muers OVY M Not Applicable \$5.00 Additional USA 5. Certificate of Status Desired × Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FELDMAN, DAWN M Street Address (P.O. Box Number is Not Acceptable) 14011 BENTLY; CIRCLE FORT MYERS, FL 33912 City Zio 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 requi 2007 SIGNATURE DATE Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM IIILE ☐ Delete TITLE mgrm ☐ Addition FELDMAN, DAWN M NAME MAR Feldman, Dawn M 14131 Bently Circle Fort myers FL 33 STREET ADDRESS 14011 BENTLY CIRCLE STREET ADDRESS FORT MYERS, FL 33912 CITY-ST-7P CITY-ST-7P mgrm -☐ Delete MLE Change Ch ■ Addition TILE Feldman, Peter J. 14131 Bently Circle Fort Myers, FL 32 FELDMAN, PETER J NAME STREET ADDRESS 14011 BENTLY CIRCLE STREET ADDRESS FORT MYERS, FL 33912 CITY-ST-ZIP CITY-ST-ZIP Delete me ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZEP CITY-ST-7IP Oelete m F Change ■ Addition TITLE NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TETT ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CHY-ST-7P ☐ Change Addition TITLE ☐ Delete TTRLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED