


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90325 016 ***138.75

DOCUMENT # L07000003859	
1. Entity Name ETHER DESIGN STUDIO LLC	

Principal Place of Business 5001 SW 20TH STREET APT. 4011 OCALA, FL 34474 US	Mailing Address 5001 SW 20TH STREET APT. 4011 OCALA, FL 34474 US
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2. Principal Place of Business - No P.O. Box # 109 Longbranch Rd.	3. Mailing Address 109 Longbranch Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Winter Park, FL	City & State Winter Park, FL
Zip 32792	Country USA

(L07000003859C)

04022008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-8165572	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent MAY, JAMES R 5001 SW 20TH STREET APT. 4011 OCALA, FL 34474	7. Name and Address of New Registered Agent Name May, James R Street Address (P.O. Box Number is Not Acceptable) 3000 1/2 Aloma Ave. Rear City Winter Park FL Zip Code 32792
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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 *James May* (NOTE: Registered Agent signature required when reinstating) DATE 4/17/08

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAY, JAMES R 5001 SW 20TH STREET OCALA, FL 34474 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAY, JAMES R 3000 1/2 Aloma Ave. Rear Winter Park, FL 32792 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VINDETT, ANTONIO E 5721 NW 60TH TERRACE OCALA, FL 34482 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Stein, Layne 109 Longbranch Rd. Winter Park, FL 32792 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Sessions, Bradley 827 Jamestown dr. Winter Park, FL 32792 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

James May

4/07/08 (407) 9131665