

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**May 22, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90314 047 \*\*\*143.75

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                               |                                 |                                                                                                                                                                  |                                                                                   |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|---------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--|
| DOCUMENT # L07000073951                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                               |                                 |                                                                                                                                                                  |  |  |
| 1. Entity Name<br><b>ALEXANDRA SULLIVAN INTERIOR DESIGNS, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                               |                                 |                                                                                                                                                                  |                                                                                   |  |
| Principal Place of Business<br><b>5470 CAMINO REAL LANE<br/>VERO BEACH FL 32967<br/>US</b>                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                               |                                 | Mailing Address<br><b>5470 CAMINO REAL LANE<br/>VERO BEACH FL 32967<br/>US</b>                                                                                   |                                                                                   |  |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                               | 3. Mailing Address              |                                                                                                                                                                  |                                                                                   |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                               | Suite, Apt. #, etc.             |                                                                                                                                                                  |                                                                                   |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                               | City & State                    |                                                                                                                                                                  |                                                                                   |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Country                                                                       | Zip                             | Country                                                                                                                                                          |                                                                                   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>GARAVAGLIA, MICHAEL J<br/>756 BEACHLAND BOULEVARD<br/>VERO BEACH FL 32963</b>                                                                                                                                                                                                                                                                                                                                                                  |                                                                               |                                 | 7. Name and Address of New Registered Agent<br><br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>City _____ <b>FL</b> 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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and if applicable, (NOTE: Registered Agent signature required when renewing)</small>                                                                                                                                                                                                                                                                                                                           |                                                                               |                                 |                                                                                                                                                                  |                                                                                   |  |
| <b>FILE NOW!!! FEE IS \$138.75</b><br><b>After May 1, 2008, Fee Will Be \$538.75</b><br><b>Make Check Payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                         |                                                                               |                                 |                                                                                                                                                                  |                                                                                   |  |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                               |                                 | 10. ADDITIONS/CHANGES                                                                                                                                            |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | MGRM<br>SULLIVAN, ALEXANDRA L<br>5470 CAMINO REAL LANE<br>VERO BEACH FL 32967 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                               | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                               | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                               | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                               | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                               | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>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 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 808, Florida Statutes. |                                                                               |                                 |                                                                                                                                                                  |                                                                                   |  |
| SIGNATURE: <u>Alexandrea L. Sullivan (manager)</u> 4/6/08 772-978-0028<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>                                                                                                                                                                                                                                                                                                           |                                                                               |                                 |                                                                                                                                                                  |                                                                                   |  |