


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90037 023 ***138.75

DOCUMENT # L07000113802 1. Entity Name M. LOTUS DESIGN STUDIO LLC					
Principal Place of Business 1430 BRICKELL BAY DRIVE SUITE 508 MIAMI, FL 33131			Mailing Address 1430 BRICKELL BAY DRIVE SUITE 508 MIAMI, FL 33131		
2. Principal Place of Business - No P.O. Box # 621 Escobar Ave. Suite, Apt. #, etc.		3. Mailing Address 621 Escobar Ave. Suite, Apt. #, etc.			
City & State Coral Gables, FL		City & State Coral Gables FL		4. FEI Number 26-1494071	
Zip 33134	Country USA	Zip 33134	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PANIEWSKI, MAEGAN C 1430 BRICKELL BAY DRIVE SUITE 508 MIAMI, FL 33131				7. Name and Address of New Registered Agent Name Maegan C. Paniewski Street Address (P.O. Box Number is Not Acceptable) 621 Escobar Ave. City Coral Gables FL Zip Code 33134	
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 <u><i>[Signature]</i></u> Maegan C. Paniewski DATE 4/27/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PANIEWSKI, MAEGAN C 1430 BRICKELL BAY DRIVE MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Paniewski, Maegan C. 621 Escobar Ave. Coral Gables, FL 33134 <input checked="" 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		
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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.					
SIGNATURE: <u><i>[Signature]</i></u> Maegan C. Paniewski 4/27/08 305.799.1623 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					