2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 29, 2009
Secretary of State

DOCUMENT# L08000078991

Entity Name: DESIGNER LOOKS LLC

Current Principal Place of Business:

220 BASIK ROAD
#129
NAPLES, FL 34114

New Principal Place of Business:

1200 FIFTH AVE SOUTH
101
NAPLES, FL 34102

Current Mailing Address:

P.O. BOX 11745
NAPLES, 34101

New Mailing Address:

P.O. BOX 11745
NAPLES, FL 34101

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SMITH, TY
1200 FIFTH AVENUE SOUTH
STE. 101
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: SMITH, TY
Address: 220 BASIK ROAD, #129
City-St-Zip: NAPLES, FL 34114

Title: MGRM ( ) Delete
Name: KLEIN, DANA
Address: 220 BASIK ROAD, #129
City-St-Zip: NAPLES, FL 34114

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: SMITH, TY
Address: 1200 FIFTH AVENUE SOUTH, SUITE 101
City-St-Zip: NAPLES, FL 34102

Title: MGRM (X) Change ( ) Addition
Name: KLEIN, DANA
Address: 1200 FIFTH AVENUE SOUTH, SUITE 101
City-St-Zip: NAPLES, FL 34102

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: TY SMITH MGR 08/29/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date