



**FILE NOW: Fee after May 1, will be \$588.75**

**APPROVED  
AND  
FILED**

**1997 MAR 10 AM 8:27**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS	
<b>FILING FEE</b> \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>	
1. Name and Mailing Address of Limited Liability Company  <b>CARLO MAGGIO DESIGN, L.C.</b> <b>P.O. BOX 902</b> <b>NEW SMYRNA BEACH FL 32168</b>		<b>DOCUMENT #L95000000755</b>	
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip Country		1a. Principal Place of Business Address  <b>1190 TURNBULL BAY ROAD</b> <b>NEW SMYRNA BEACH FL 32168</b> <b>101 E YELKCA TER, STE E</b> <b>EDGEWATER, FL 32132</b>  3. Date Organized or Qualified <b>10/06/1995</b>  4. FEI Number <b>59-3339021</b>  5. Date of Last Report <b>04/29/1996</b>  3a. State of Formation <b>FL</b>  <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable  6. Certificate of Status Desired <input checked="" type="checkbox"/> Additional Fee Required	
7. Name and Address of Current Registered Agent  <b>SCHLUP, ROBERT</b> <b>1190 TURNBULL BAY ROAD</b> <b>NEW SMYRNA BEACH FL 32166</b>		8. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc.  City Zip Code <b>FL</b>	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.			
SIGNATURE _____ DATE _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	SCHLUP, ROBERT	1190 TURNBULL BAY ROAD	NEW SMYRNA BEACH FL
MGRM	CASANOVA, MARCO	1190 TURNBULL BAY ROAD	NEW SMYRNA BEACH FL
MGRM	BLOCH, HEINZ	KOLLIKERSTRASSE 12 CH-8044	ZURICH, SWITZERLAND
MGRM	MAGGIO, CARLO	ROSSWEIDWEG 6 CH-3052	ZOLLIKOFEN, SWITZERLA
			000002110500--2 -03/11/97--01129--002 ***203.75 ***203.75 7/14/97
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #			