


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

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</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>DOCUMENT # L96000001361</b>
ADDEN DESIGNS, LLC 950 N COLLIER BLVD, SUITE 422 MARCO ISLAND FL 34145	

**FILED**  
97 MAY 30 AM 8:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1a. Principal Place of Business Address  
950 N COLLIER BLVD, SUITE 422  
MARCO ISLAND FL 34145

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business <b>SAME</b>	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

3. Date Organized or Qualified 12/31/1996	3a. State of Formation FL
4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report	6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent WEBSTER, RONALD S 985 N COLLIER BLVD MARCO ISLAND FL 33937
---

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
MGR	GARMON, LISA Z	720 S COLLIER BLVD, #101	MARCO ISLAND FL
MGR	GARMON, BEN G	720 S COLLIER BLVD	MARCO ISLAND FL

400002201174--2  
-06/04/97--01053--002  
\*\*\*203.75 \*\*\*\*203.75

*Ben Garmon*  
JBL-2-97

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (l), 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:** *Ben Garmon* **BEN GARMON** **May 27, 1997** **508-454-7848**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

## Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN

OMB No. 1545-0003  
Expires 12-31-98

Please type or print clearly.	1 Name of applicant (Legal name) (See instructions.) <b>ADDEN DESIGNS, L.L.C.</b>		
	2 Trade name of business, if different from name in line 1		3 Executor, trustee, "care of" name
	4a Mailing address (street address) (room, apt., or suite no.) <b>950 N. COLLIER BLVD. SUITE 422</b>		5a Business address, if different from address in lines 4a and 4b
	4b City, state, and ZIP code <b>MARCO ISLAND FLORIDA</b>		5b City, state, and ZIP code
	6 County and state where principal business is located <b>COLLIER COUNTY FLORIDA</b>		
	7 Name of principal officer, general partner, grantor, owner, or trustee—SSN required (See instructions.) ▶ <b>LISA Z. GARMON</b>		
	8a Type of entity (Check only one box.) (See instructions.)		
<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Sole Proprietor (SSN) _____ <input type="checkbox"/> REMIC _____ <input type="checkbox"/> State/local government _____ <input type="checkbox"/> Other nonprofit organization (specify) _____ <input checked="" type="checkbox"/> Other (specify) ▶ <b>FLORIDA LIMITED LIABILITY COMPANY</b></div><div><input type="checkbox"/> Personal service corp. _____ <input type="checkbox"/> National guard _____ <input type="checkbox"/> Federal government/military _____ <input type="checkbox"/> Church or church controlled organization _____</div><div><input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator—SSN _____ <input type="checkbox"/> Other corporation (specify) _____ <input type="checkbox"/> Trust _____ <input type="checkbox"/> Partnership _____ <input type="checkbox"/> Farmers' cooperative _____</div></div>			
8b If a corporation, name the state or foreign country (if applicable) where incorporated ▶			
9 Reason for applying (Check only one box.)			
<div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> Started new business (specify) ▶ _____ <input type="checkbox"/> Hired employees _____ <input type="checkbox"/> Created a pension plan (specify type) ▶ _____ <input type="checkbox"/> Banking purpose (specify) ▶ _____</div><div><input type="checkbox"/> Changed type of organization (specify) ▶ _____ <input type="checkbox"/> Purchased going business _____ <input type="checkbox"/> Created a trust (specify) ▶ _____ <input type="checkbox"/> Other (specify) ▶ _____</div></div>			
10 Date business started or acquired (Mo., day, year) (See instructions.) <b>JANUARY 1, 1997</b>		11 Enter closing month of accounting year (See instructions.) <b>DECEMBER 31</b>	
12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) ▶ <b>JANUARY 31, 1997</b>			
13 Enter highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0." ▶ <b>2</b>			
14 Principal activity (See instructions.) ▶			
15 Is the principal business activity manufacturing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," principal product and raw material used ▶			
16 To whom are most of the products or services sold? Please check the appropriate box. <input type="checkbox"/> Business (wholesale) <input type="checkbox"/> N/A <input type="checkbox"/> Public (retail) <input checked="" type="checkbox"/> Other (specify) ▶ <b>DISTRIBUTOR</b>			
17a Has the applicant ever applied for an identification number for this or any other business? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Note: If "Yes," please complete lines 17b and 17c.			
17b If you checked the "Yes" box in line 17a, give applicant's legal name and trade name, if different than name shown on prior application.			
Legal name ▶ Trade name ▶			
17c Enter approximate date, city, and state where the application was filed and the previous employer identification number if known.			
Approximate date when filed (Mo., day, year)		City and state where filed	Previous EIN
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete			Business telephone number (include area code)
Name and title (Please type or print clearly.) ▶			
Signature ▶ <b>X [Signature]</b> Date ▶			
Note: Do not write below this line. For official use only.			
Please leave blank ▶	Geo.	Ind.	Class
			Size
			Reason for applying