

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000004927

FILED
Apr 25, 2006
Secretary of State

Entity Name: DESIGN BENEFITS, L.L.C.

Current Principal Place of Business:

5150 PRAIRIE DUNES VILLAGE CIR.
LAKE WORTH, FL 33463

New Principal Place of Business:

Current Mailing Address:

5150 PRAIRIE DUNES VILLAGE CIR.
LAKE WORTH, FL 33463

New Mailing Address:

FEI Number: 59-3604215

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FAZIO, JOE
5150 PRAIRIE DUNES VILLAGE CIR.
LAKE WORTH, FL 33463 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: FAZIO, JOE
Address: 5150 PRAIRIE DUNES VILLAGE CIR.
City-St-Zip: LAKE WORTH, FL 33463

Title: MGR () Delete
Name: MONTALBANO, JOSEPH
Address: 1321 DAWSBURY WAY
City-St-Zip: NEW PORT RICHEY, FL

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: MONTALBANO, JOSEPH
Address: 1321 DAWSBURY WAY
City-St-Zip: NEW PORT RICHEY, FL 33463

I hereby certify that the information supplied with this filing does not qualify for the 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: JOSEPH V. FAZIO

MGR

04/25/2006

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