

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M97000000815

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Entity Name:** DESIGN CENTER AT THE AVENUES, LLC

**Current Principal Place of Business:**

8999 WESTERN WAY  
SUITE 108  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

**Current Mailing Address:**

8999 WESTERN WAY  
SUITE 108  
JACKSONVILLE, FL 32256

**New Mailing Address:**

**FEI Number:** 59-3468915

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NIELSEN, MIKE  
8999 WESTERN WAY  
SUITE 108  
JACKSONVILLE, FL 32256 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: MGRM  
Name: NIELSEN, MIKE  
Address: 8999 WESTERN WAY, STE 108  
City-St-Zip: JACKSONVILLE, FL 32256

I hereby 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: MICHAEL NIELSEN

MGRM

04/27/2011

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