


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 15, 2005 8:00 A.
Secretary of State

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| DOCUMENT # L04000062469 | |  | |
| 1. Entity Name MONSTER DESIGNS BY DT, LLC | | | |
| Principal Place of Business 417 SUN LAKE CIRCLE, APT. 303 LAKE MARY, FL 32746 | | Mailing Address PO BOX 953398 LAKE MARY, FL 32795-3398 | |
| 2. Principal Place of Business 18302 STONEBROOK DR | | 3. Mailing Address PO BOX 953398 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State SANFORD, FL | | City & State LAKE MARY, FL | |
| Zip 32773 | | Zip 32795 | |
| Country USA | | Country USA | |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| TURNER, DAVID M 417 SUN LAKE CIRCLE, APT. 303 LAKE MARY, FL 32746 | | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | |
| SIGNATURE <i>David Turner</i> | | DAVID M TURNER / MGRM 9-05-05 | |
| Filing Fee is \$50.00 Due by September 7, 2005 | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM TURNER, DAVID M 417 SUN LAKE CIRCLE, APT. 303 LAKE MARY, FL 32746 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM TURNER, DAVID M 18302 STONEBROOK DR. SANFORD, FL 32773 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 11. I 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 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. | | | |
| SIGNATURE: <i>David Turner</i> | | DAVID M. TURNER 9-5-05 407-687-3425 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | Date Daytime Phone # | |

