


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 22, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L0000009530</b> 1. Entity Name <b>METRO ARCHITECTS, LLC</b>	
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Principal Place of Business <b>314 SOUTH MISSOURI AVE SUITE 311 CLEARWATER FL 33756</b>	Mailing Address <b>314 S. MISSOURI AVE SUITE 311 CLEARWATER FL 33756</b>
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2. Principal Place of Business - No P.O. Box # <b>314 South Missouri Ave</b> Suite, Apt. #, etc. <b>Suite 311</b>	3. Mailing Address <b>314 South Missouri Ave</b> Suite, Apt. #, etc. <b>Suite 311</b>
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1st MOORE      CR2E083 (10/06)

City & State <b>Clearwater, FL.</b>	City & State <b>Clearwater, FL</b>
Zip <b>33756</b>	Zip <b>33756</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>36-4393044</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  <b>MILLER, CHRISTOPHER P 2200 CLARINE WAY N. DUNEDIN FL 34698</b>	<b>7. Name and Address of New Registered Agent</b> Name <b>N/A</b> Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	<b>MGRM MILLER, CHRISTOPHER P 2200 CLARINE WAY N. DUNEDIN FL 34698</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>U00000645292 03/02/07-80078-004 200.00</b>
<input type="checkbox"/> Delete	<b>MGR MILLER, CHRISTOPHER 314 SOUTH MISSOURI AVE STE 311 CLEARWATER FL 33756</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	<b>MGR PAUL, JOSEPH A 314 SOUTH MISSOURI AVE STE 311 CLEARWATER FL 33756</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:**  2/18/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #