

**2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000060847

**FILED**  
**Mar 23, 2009**  
**Secretary of State**

**Entity Name:** ARCHITECTURE JOYCE OWENS, LLC

**Current Principal Place of Business:**

2277 MAIN STREET  
FORT MYERS, FL 33901

**New Principal Place of Business:**

**Current Mailing Address:**

1370 STADLER DRIVE  
FORT MYERS, FL 33901

**New Mailing Address:**

**FEI Number:** 26-0900054      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

OWENS, JOYCE  
1370 STADLER  
FORT MYERS, FL 33901      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      ( ) Delete  
**Name:** OWENS, JOYCE  
**Address:** 1370 STADLER DRIVE  
**City-St-Zip:** FORT MYERS, FL 33901

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify 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: JOYCE OWENS

MGRM

03/23/2009

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