


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90239 024 ****50.00

DOCUMENT # M04000003990 1. Entity Name HLP ARCHITECTS, LLC	
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Principal Place of Business 3091 MAPLE DR. SUITE 101 ATLANTA, GA 30305	Mailing Address 3091 MAPLE DR. SUITE 101 ATLANTA, GA 30305
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DO NOT WRITE IN THIS SPACE



01062005No Chg-LLC CR2E083 (10/03)

4. FEI Number 58-2481049	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

TOLLETT, ROBERT E
 8264 WALLINGFORD HILLS LANE
 JACKSONVILLE, FL 32256

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HEADRICK, CRAIG 3091 MAPLE DR. SUITE 101 ATLANTA, GA 30305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEYBURN, BOYD H III 3091 MAPLE DR. SUITE 101 ATLANTA, GA 30305
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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: Boyd H. Leyburn III - BOYD H. LEYBURN III 3/18/05 404-262-9000

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