## 2008 LIMITED LIABILITY COMPANY

## **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

**DOCUMENT # M07000001674** 

CANTILEVER DESIGN LLC

**FILED** Feb 11, 2008 08:00 Al Secretary of State

Principal Place of Business

Mailing Address

6249 S. EAST STREET, SUITE 1 INDIANAPOLIS, IN 46227

6249 S. EAST STREET, SUITE 1 INDIANAPOLIS, IN 46227



02052008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number	•	Applied For
20-3635683		Not Applicabl
5. Certificate of Status Desired		\$5.00 Additional

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC. C/O TENA LUMPKINS 2731 EXECUTIVE PARK DRIVE, SUITE 4

## DO NOT WRITE

WESTON, FL 33331		IN	IN THIS SPACE	
	named entity submits this statement for the purpose of chan- tions of registered agent.	ging its registered office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE	
FILE After May	: NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75		. 1,	
9.	MANAGING MEMBERS/MANAGERS		· · · · · · · · · · · · · · · · · · ·	
TITLE	MGRM			
NAME	KEEFE, JAMES K			
STREET ADDRESS	6249 S. EAST STREET, SUITE 1			
CITY-ST-ZIP	INDIANAPOLIS, IN 46227			
TITLE				
NAME			მიიბიტატალატ	
STREET ADDRESS			000000822518 02/20/08-80001-008 138.75	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTER NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2.7.09

Date

317.522.2006

Daytime Phone #