2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

Apr 22, 2004 8:00 am Secretary of State DOCUMENT # L0000009530 04-22-2004 90359 049 ****50.00 METRO ARCHITECTURAL DESIGN, L.L.C. Principal Place of Business Mailing Address 314 S. MISSOURI AVE SUITE 311 314 SOUTH MISSOURI AVE SUITE 311 **CLEARWATER FL 33756** CLEARWATER FL 33756 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. CR2E083 (11/03) MOORE 4. FEI Number Applied For City & State City & State 36-4393044 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MILLER, CHRISTOPHER P Street Address (P.O. Box Number is Not Acceptable) 2200 CLARINE WAY N. **DUNEDIN FL 34698** Zip Code City 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. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGRM TITLE ☐ Change Addition TITLE ☐ Delete MILLER, CHRISTOPHER P NAME STREET ADDRESS STREET ADDRESS 2200 CLARINE WAY N. CITY-ST-ZIP **DUNEDIN FL 34698** CITY-ST-ZIP ☐ Change ☐ Addition TITLE MGR Delete MILLER, CHRISTOPHER MAME STREET ADDRESS STREET ADDRESS 314 SOUTH MISSOURI AVE STE 311 CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33756 ☐ Change ☐ Addition ☐ Defete TITLE TITLE NAME NAME PAUL, JOSEPH A STREET ADDRESS STREET ADDRESS 314 SOUTH MISSOURI AVE STE 311 -CITY-ST-ZIP CLEARWATER FL 33756 CITY-ST-ZIP ☐ Addition Change TITLE Delete MILLER, LAURIE NAME STREET ADDRESS 314 SOUTH MISSOURI AVE. STE 311 STREET ADDRESS **CLEARWATER FL 33756** CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITI F TITLE NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 11. I hereby certify that the information supplied with this find 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 thy 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.

G MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED