## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## FILED May 02, 2003 8:00 am Secretary of State 05-02-2003 90585 008 \*\*\*\*50.00

1. Entity Nam	me	# L0100005 ARCHITECTURE		0.3	-02-2003	30383 V	06	30.00			
Principal Place 101 RIVERFI SUITE 610 BRADENTON,			Mailing Address 101 RIVERFRONT BLVD. SUITE 610 BRADENTON, FL 34205				III <b>BB</b> III <b>BB</b> III <b>BB</b>			ii (Bewi 1 <b>414 3mm</b>	
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			<b>X</b> αн	IECK HERE IF	MAKING (	CHANGES		
City & State			City & State			4. FEI Number 65-1097447			Applied For Not Applicable		
Zìp			Zip	Country	5. Certificate of Status Desire				Fee Required		
· <del></del>	5, Name s	ind Address of Currer	t Registered Agent	Name		7. Name and Addres	sa of New Re	gistered Ag	jent	<del> </del>	_
BEDFORD, RICHARD 101 RIVERFRONT BLVD. SUITE 610 BRADENTON, FL 34205				Street	Street Address (P.O. Box Number is Not Acceptable)						
				City				FL	Zip Cod	e	1
	named entity tions of register		for the purpose of changing its	registered office of	or register	ed agent, or both, in the	State of Flori	da. I am fa	millar with,	and accept	
SIGNATURE	Signature, typed or	printed name of registered age	nt and tille if applicable. (NOTE:	Registereti Agent signi	iture required	when reinstaling)		CATE		<del></del>	
			Make Check Payabl	OWIT FEE IS S to Florida De By May 1, 200	partmen	t of State					
9.		MANAGING MEMB	ERS/MANAGERS	10.			DDITIONS/C				]_
TITUE NAME STREET ADDRESS CITY-ST-ZIP	_	RICHARD RONT BLVD. DN, FL 34205	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-2IP	101	ford, Richan Riverfront denton, FL	Blvd.,	•	Change 610	☐ Addition	CRZE083 (10/02)
NAME STREET ADDRESS CITY-ST-ZIP	V FERNANDEZ, MICHAEL 101 RIVERFRONT BLVD. BRADENTON, FL 34205		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Fer:	nandez, Mich Riverfront denton, FL 3	nael Blvd.,	/	Change 610	Addition	CR
TITUE NAME STREET ADDRESS			☐ Delete	TITLE NAME STREET ADDRESS	324				Change	Addition	
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY -ST-ZIP	-			[	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STIEET ADDRESS CITY-ST-ZIP				[	_) Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete	TITLE NAME	2191	ma t		[	Change	Addition	
indicated	ion this remort i	e imperand accurate and	h this filling does not qualify for i d that my signature shall have the e empowered to execute this re	a coma langi affa	act ac if m	ado undor oath: that La	m a menedir	a mambar i	that the In or manage	formation r of the	

Michael A. Fernandez, VP 4-30-03

941 722-2690