


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90161 026 ****55.00

DOCUMENT # L01000019520	
1. Entity Name SANIBEL ISLAND ARCHITECTURE, L.L.C.	

Principal Place of Business 2484 TROPICAL WAY COURT SANIBEL FL 33957	Mailing Address 6553 LAKE FOREST DRIVE AVON IN 46123
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2. Principal Place of Business 2484 Tropical Way CT Suite, Apt. #, etc.	3. Mailing Address 6553 Lake Forest Drive Suite, Apt. #, etc.
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City & State Sanibel FL 33957	City & State Avon IN	4. FEI Number 65-1153551	Applied For <input type="checkbox"/> Not Applicable
Zip LEE	Zip 46123	Country INDIANA	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required



MOORE CR2E083 (11/03)

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145	Name KENNETH A. SEBREE Street Address (P.O. Box Number is not acceptable) 2484 TROPICAL WAY COURT City SANIBEL FL Zip Code 33957

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 *Kenneth A. Sebree* DATE Feb 6-2004

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SEBREE, KENNETH A 6553 LAKE FOREST DR. AVON IN 46123 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Kenneth A. Sebree* DATE Feb 6-2004 Daytime Phone # 317-272-7800

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