


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

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

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

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| 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 | 3. Mailing Address 6553 Lake Forest Drive |
| Suite, Apt. #, etc. | 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"/> |
| Zip LEE | Zip 46123 | Country INDIANA | Not Applicable <input type="checkbox"/> |



MOORE CR2E083 (11/03)

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