


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 11, 2006 08:00 AM
Secretary of State

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



Principal Place of Business Mailing Address
2484 TROPICAL WAY CT. **6553 LAKE FOREST DRIVE**
SANIBEL, FL 33957 **AVON, IN 46123**

DO NOT WRITE IN THIS SPACE



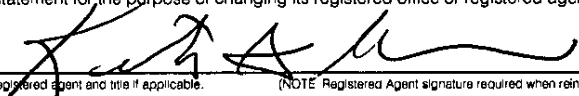
07052006No Chg-LLC CR2E083 (11/05)

4. FEI Number 65-1153551	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
SEBREE, KENNETH A
2484 TROPICAL WAY COURT
SANIBEL, FL 33957

DO NOT WRITE IN THIS SPACE

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:  DATE: **7-6-06**

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

Filing Fee is \$50.00
Due by September 6, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SEBREE, KENNETH A 6553 LAKE FOREST DR. AVON, IN 46123
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 07/11/06-80029-012 55.00

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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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  Date: **7-6-06** Daytime Phone #: **317-272-7800**

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