


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Feb 15, 2008 08:00 AM
Secretary of State

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



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



1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. # etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

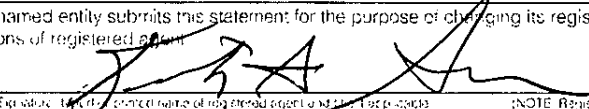
4. FEI Number: 65-1153551
 Applied For: Not Applicable

Zip Country

5. Certificate of Status Desired \$5.00 Additional Fee Required

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


7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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: 
Signature: (If the printed name of registered agent and the filer do not match, a signature is required when filing.)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE: MGR NAME: SEBREE, KENNETH A STREET ADDRESS: 6553 LAKE FOREST DR. CITY-ST-ZIP: AVON IN 46123	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000823156 02/26/08-80027-024 138.75
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 606, Florida Statutes.

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