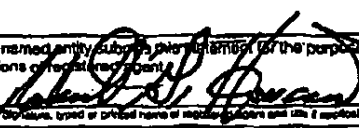
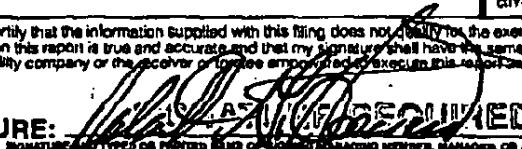


FILED  
Apr 15, 2003 8:00 am  
Secretary of State

02-07-2003 90015 018 \*\*\*\*50.00

2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)

55025810

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |         |                                                                                                                                         |                                                                                   |         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------|-----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|---------|
| <b>DOCUMENT # L02000006502</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |         |                                                                                                                                         |  |         |
| 1. Entity Name<br><b>ROBERT G. HOWARD, ARCHITECT, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |         |                                                                                                                                         |                                                                                   |         |
| Principal Place of Business<br><b>927 S. RIDGEWOOD AVE. UNIT A4<br/>EDGEWATER FL 32132</b>                                                                                                                                                                                                                                                                                                                                                                                                                    |  |         | Mailing Address<br><b>927 S. RIDGEWOOD AVE. UNIT A4<br/>EDGEWATER FL 32132</b>                                                          |                                                                                   |         |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |         | 3. Mailing Address<br>Suite, Apt. #, etc.                                                                                               |                                                                                   |         |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |         | City & State                                                                                                                            |                                                                                   |         |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | Country | Zip                                                                                                                                     |                                                                                   | Country |
| 4. FEI Number<br><b>75-3021100</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |         |                                                                                                                                         | Applied For<br>Not Applicable                                                     |         |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |         |                                                                                                                                         | \$5.00 Additional Fee Required                                                    |         |
| 6. Name and Address of Current Registered Agent<br><b>HOWARD, ROBERT G.<br/>927 S. RIDGEWOOD AVE. UNIT A4<br/>EDGEWATER FL 32132</b>                                                                                                                                                                                                                                                                                                                                                                          |  |         | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code |                                                                                   |         |
| 8. The above named entity, subject to the terms of the certificate of filing, hereby certifies that the information furnished is true and accurate, and that the obligations of the registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of the registered agent.                                                                                                                                                                                               |  |         |                                                                                                                                         |                                                                                   |         |
| SIGNATURE  DATE <b>1-16-03</b>                                                                                                                                                                                                                                                                                                                                                                                              |  |         |                                                                                                                                         |                                                                                   |         |
| FILE NOW!!! FEE IS \$50.00<br>Make Check Payable to Florida Department of State<br>Due By May 1, 2003                                                                                                                                                                                                                                                                                                                                                                                                         |  |         |                                                                                                                                         |                                                                                   |         |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |         | 10. ADDITIONS/CHANGES                                                                                                                   |                                                                                   |         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><b>MANAGER<br/>Robert G. Howard<br/>927 S. Ridgewood Ave A4<br/>Edgewater - FL 32132</b>                                                                                                                                                                                                                                                                                                                                                                    |  |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                     |                                                                                   |         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                             |  |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                     |                                                                                   |         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                             |  |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                     |                                                                                   |         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                             |  |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                     |                                                                                   |         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                             |  |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                     |                                                                                   |         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                             |  |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><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:  DATE <b>1-16-03</b> 386-427-2419                                                                                                                                                                                                                                                                                                                                                                               |  |         |                                                                                                                                         |                                                                                   |         |