

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000006527

Entity Name: RICE ARCHITECT LLC

FILED  
May 23, 2007  
Secretary of State

**Current Principal Place of Business:**

961687 GATEWAY BLVD  
SUITE H  
AMELIA ISLAND, FL 32034

**New Principal Place of Business:**

**Current Mailing Address:**

961687 GATEWAY BLVD  
SUITE H  
AMELIA ISLAND, FL 32034

**New Mailing Address:**

FEI Number: 01-0636979      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

RICE, RANDOLPH L  
3106 SEA MARSH ROAD  
AMELIA ISLAND, FL 32034      US

**Name and Address of New Registered Agent:**

RICE, RANDOLPH L  
9 GREEN WINGED TEAL  
AMELIA ISLAND, FL 32034      US

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.

SIGNATURE: \_\_\_\_\_

05/23/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: RICE, RANDOLPH L  
Address: 3106 SEA MARSH ROAD  
City-St-Zip: AMELIA ISLAND, FL 32034

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change      ( ) Addition  
Name: RICE, RANDOLPH L  
Address: 9 GREEN WINGED TEAL  
City-St-Zip: AMELIA ISLAND, FL 32034

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RANDOLPH L. RICE

MGR

05/23/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date