

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000027854

FILED
Jul 22, 2005
Secretary of State

Entity Name: ARCHITECTURAL STAIRS LLC

Current Principal Place of Business:

15421 N.E. 21 ST. AVENUE
MIAMI, FL 33162

New Principal Place of Business:

Current Mailing Address:

15421 N.E. 21 ST. AVENUE
MIAMI, FL 33162

New Mailing Address:

FEI Number: 74-3065527 **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:

ALLAN DOYLE C.P.A.
175 FONTOINEBLEQU BLVD. STE. 1-B
MIAMI, FL 33172 US

Name and Address of New Registered Agent:

ALLAN DOYLE C.P.A.
175 FONTOINEBLEQU BLVD.
STE. 1-B
MIAMI, FL 33172 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: _____

07/22/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GARCIA, CATHERINE M
Address: 15421 N.E. 21 ST. AVENUE
City-St-Zip: MIAMI, FL 33162

Title: MGR () Delete
Name: DAVILA, DAVID
Address: 15421 N.E. 21 ST. AVENUE
City-St-Zip: MIAMI, FL 33162

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CATHERINE GACIA

MGR

07/22/2005

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