

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000031912

FILED  
Jul 02, 2004  
Secretary of State

Entity Name: MY ARCHITECTS, LLC

## Current Principal Place of Business:

16610 EAST COURSE DRIVE  
TAMPA, FL 33624 HI

## New Principal Place of Business:

## Current Mailing Address:

16610 EAST COURSE DRIVE  
TAMPA, FL 33624 HI

## New Mailing Address:

FEI Number: 20-0277175

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

YAROS, CAROL L  
16610 EAST COURSE DRIVE  
TAMPA, FL 33624 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete  
Name: YAROS, CAROL L  
Address: 16610 EAST COURSE DRIVE  
City-St-Zip: TAMPA, FL 33624 US

Title: MGR ( ) Delete  
Name: YAROS, MICHAEL A SR.  
Address: 16610 EAST COURSE DRIVE  
City-St-Zip: TAMPA, FL 33624 US

Title: MGR ( ) Delete  
Name: RYSDAKE, BARBARA  
Address: 19017 CEDAR LANE  
City-St-Zip: LUTZ, FL 33548 US

## ADDITIONS/CHANGES:

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

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: CAROL YAROS

MGRM

07/02/2004

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