

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000050772

FILED
Apr 26, 2004
Secretary of State

Entity Name: CONSOLIDATED DESIGN PROFESSIONALS, LLC

Current Principal Place of Business:

12020 OTTER CREEK TRAIL
TALLAHASSEE, FL 32312

New Principal Place of Business:

Current Mailing Address:

12020 OTTER CREEK TRAIL
TALLAHASSEE, FL 32312

New Mailing Address:

FEI Number: 54-2136074

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BATEMAN, FREDERICK L JR
300 EAST PARK AVE
TALLAHASSEE, FL 32301 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: DANIEL, TOM
Address: 12020 OTTER CREEK TRAIL
City-St-Zip: TALLAHASSEE, FL 32312

Title: MGR () Delete
Name: SECKINGER, PETER
Address: 135 PRICR RD
City-St-Zip: FAYETTEVILLE, GA 30215

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: SECKINGER, PETER
Address: 665 HIGHWAY 74 SOUTH, SUITE 125
City-St-Zip: PEACHTREE CITY, GA 30269

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: TOM DANIEL

MGRM

04/26/2004

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