

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000050772

FILED
Apr 18, 2006
Secretary of State

Entity Name: CONSOLIDATED DESIGN PROFESSIONALS, LLC

Current Principal Place of Business:

450 ST FRANCIS ST
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

450 ST FRANCIS ST
TALLAHASSEE, FL 32301

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:

CAPITOL CORPORATE SERVICES, INC.
1333 NORTH DUVAL STREET
TALLAHASSEE, FL 32303 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: CHERYL ROBERTS, PRESIDENT

04/18/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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 PRICE ROAD
City-St-Zip: FAYETTEVILLE, GA 30215

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DANIEL, TOM
Address: 450 ST. FRANCIS STREET
City-St-Zip: TALLAHASSEE, FL 32301 US

Title: MGR (X) Change () Addition
Name: SECKINGER, PETER
Address: 665 HIGHWAY 74 SOUTH, SUITE 150
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 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: THOMAS W. DANIEL, III

MGRM

04/18/2006

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