

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000050772

FILED  
Apr 27, 2007  
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:**

CAPITOL CORPORATE SERVICES, INC.  
155 OFFICE PLAZA DR.  
SUITE A  
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/MANAGERS:**

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

Title: MGR ( ) Delete  
Name: SECKINGER, PETER  
Address: 665 HIGHWAY 74 SOUTH, SUITE 150  
City-St-Zip: PEACHTREE CITY, GA 30269

**ADDITIONS/CHANGES:**

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

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

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:** THOMAS W. DANIEL, III

MM

04/27/2007

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