2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# L03000050772

Entity Name: CONSOLIDATED DESIGN PROFESSIONALS, LLC

Current Principal Place of Business:

106 E. COLLEGE AVENUE
SUITE 600
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

106 E. COLLEGE AVENUE
SUITE 600
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: 106 E. COLLEGE AVENUE, SUTITE 600
City-St-Zip: TALLAHASSEE, FL 32301 US

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: DANIEL, TOM
Address: 106 E. COLLEGE AVENUE, SUITE 600
City-St-Zip: TALLAHASSEE, FL 32301 US

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

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 MGRM 04/29/2009

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