

FILED

May 24, 2005 8:00 am
Secretary of State

05-24-2005 90132 041 ****55.00

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000032626

1. Entity Name
LAFFERTY ARCHITECTURE GROUP, LLCPrincipal Place of Business
11414 SEMINOLE BLVD., SUITE 5
LARGO, FL 33778Mailing Address
11414 SEMINOLE BLVD., SUITE 5
LARGO, FL 33778

20050301



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05182005 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number

550890358

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAFFERTY, STEPHEN B
10369 RIDGE ROAD
SEMINOLE, FL 33778Name
LAFFERTY, STEPHEN B.

Street Address (P.O. Box Number is Not Acceptable)

11414 SEMINOLE BLVD. SUITE 5

City
LARGO

FL

Zip Code
33778

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by September 7, 2005Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☒ Addition
MGRM
ARCHITECTURAL EFFECTS, INC.
11414 SEMINOLE BLVD. SUITE 5
LARGO, FL 33778TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DeleteTITLE
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CITY - ST - ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

STEPHEN B. LAFFERTY 5/18/05 727-399-1300