2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000059907

1. Entity Name
SCOTT CREWS ARCHITECTURE, LLC

20059832

Principal Place of Business	Mailing Address
121 ROSEARDEN DRIVE ORLANDO, FL 32803	121 ROSEARDEN DRIVE ORLANDO, FL 32803

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country	Zip	Country

05162005   Chg-LLC   CR2E083 (10/03)

4. FEI Number
51 - 0518641

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CREWS, SCOTT C
121 ROSEARDEN DRIVE
ORLANDO, FL 32803

7. Name and Address of New Registered Agent

Name

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

City   **FL** Zip Code

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 title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by September 7, 2005

Make check payable to
Florida Department of State

9.	MANAGING MEMBERS/MANAGERS		10.		ADDITIONS/CHANGES		
TITLE	~~MGR~~	☐ Delete	TITLE	MGRM		☑ Change	☐ Addition
NAME	CREWS, SCOTT C		NAME				
STREET ADDRESS	121 ROSEARDEN DRIVE		STREET ADDRESS				
CITY-ST-ZIP	ORLANDO, FL 32803		CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition
NAME			NAME				
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CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				

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: _____   5/25/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #