



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 24, 2005 8:00 am
Secretary of State

05-24-2005 90132 040 ****55.00

DOCUMENT # L04000061403 1. Entity Name LAFFERTY ARCHITECTURE LLC					
Principal Place of Business 11414 SEMINOLE BLVD SUITE 5 LARGO, FL 33778			Mailing Address 11414 SEMINOLE BLVD SUITE 5 LARGO, FL 33778		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 90-0196173	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CORPORATE CREATIONS NETWORK, INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410				7. Name and Address of New Registered Agent Name LAFFERTY, STEPHEN B. Street Address (P.O. Box Number is Not Acceptable) 11414 SEMINOLE BLVD SUITE 5 City LARGO FL 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  STEPHEN B. LAFFERTY 5/18/05 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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM ARCHITECTURAL EFFECTS, INC. 11414 SEMINOLE BLVD SUITE 5 LARGO, FL 33778	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:  STEPHEN B. LAFFERTY 5/18/05 727-399-1300 <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					