


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000071825</b> 1. Entity Name <b>ARCHXL, LLC.</b>	
---	---

Principal Place of Business <b>4903 PLANTATION DRIVE TAMPA, FL 33615 US</b>	Mailing Address <b>4903 PLANTATION DRIVE TAMPA, FL 33615 US</b>
--	--



02022006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>41-2158995</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>BENNETT, MICHAEL S PRES. 4903 PLANTATION DRIVE TAMPA, FL 33615</b>
--

<b>DO NOT WRITE IN THIS SPACE</b>
---------------------------------------

9. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

8. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P BENNETT, MICHAEL S 4903 PLANTATION DR TAMPA, FL 33615</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<b>000000541315</b> <b>05/10/06-80054-015 50.00</b>  <b>DO NOT WRITE IN THIS SPACE</b>
---

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

<b>SIGNATURE:</b>  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	<b>4/25/06 813-880-8335</b> Date Daytime Phone #
---	---