

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000079705

FILED
Jul 07, 2005
Secretary of State

Entity Name: FIRST IMPRESSIONS ARCHITECTURAL DESIGN, LLC

Current Principal Place of Business:

885 SW SISTERS WELCOME ROAD
LAKE CITY, FL 32025

New Principal Place of Business:

1531 SW COMMERCIAL GLN
LAKE CITY, FL 32025

Current Mailing Address:

885 SW SISTERS WELCOME ROAD
LAKE CITY, FL 32025

New Mailing Address:

2109 W US HWY 90
STE 170-144
LAKE CITY, FL 32055

FEI Number: 20-2100636 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CRAWFORD, BRIAN S
885 SW SISTERS WELCOME ROAD
LAKE CITY, FL 32025 US

Name and Address of New Registered Agent:

CRAWFORD, BRIAN S
1531 SW COMMERCIAL GLN
LAKE CITY, FL 32025 US

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:

07/07/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CRAWFORD, BRIAN S
Address: 885 SW SISTERS WELCOME ROAD
City-St-Zip: LAKE CITY, FL 32025

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CRAWFORD, BRIAN S
Address: 1531 SW COMMERCIAL GLN
City-St-Zip: LAKE CITY, FL 32025

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BRIAN CRAWFORD

MGRM

07/07/2005

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