
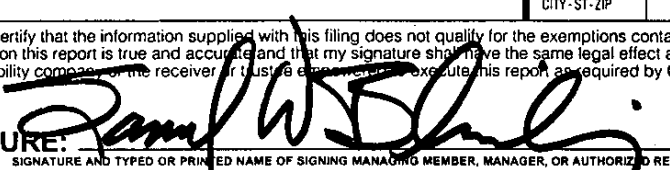


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90422 033 \*\*\*\*55.00

<b>DOCUMENT # L05000050404</b> 1. Entity Name <b>SAMUEL W. BLIMLING, AIA &amp; DAG ARCHITECTS, PLLC</b>					
Principal Place of Business <b>1223 AIRPORT ROAD, SUITE 104 DESTIN, FL 32541</b>		Mailing Address <b>P.O. BOX 1395 1223 Airport Rd DESTIN, FL 32540 Destin, FL 32541</b>			
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>1223 Airport Rd</b>  Suite, Apt. #, etc.			
City & State		City & State <b>Destin</b>		4. FEI Number <b>20-4366754</b>	
Zip <b>FL</b>	Country <b>32541</b>	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>BLIMLING, SAMUEL W 1223 AIRPORT ROAD, SUITE 104 DESTIN, FL 32541</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BLIMLING, SAMUEL W 1223 AIRPORT ROAD, SUITE 104 DESTIN, FL 32541 <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"/> Delete			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"/> Delete			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 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 and am authorized to execute this report as required by Chapter 608, Florida Statutes.					
<b>SIGNATURE:</b> 				<b>2/22/06 850.837.8152</b> Date Daytime Phone #	