

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000065684

FILED
Mar 23, 2006
Secretary of State

Entity Name: GRITTON & ASSOCIATES ARCHITECTS, LLC

Current Principal Place of Business:

3802 GUNN HIGHWAY, SUITE D
TAMPA, FL 33618

New Principal Place of Business:

3802 GUNN HIGHWAY, SUITE B
TAMPA, FL 33618

Current Mailing Address:

3802 GUNN HIGHWAY, SUITE D
TAMPA, FL 33618

New Mailing Address:

3802 GUNN HIGHWAY, SUITE B
TAMPA, FL 33618

FEI Number: 20-3099652

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRITTON, ROGER
3802 GUNN HIGHWAY, SUITE D
TAMPA, FL 33618 US

Name and Address of New Registered Agent:

GRITTON, ROGER
3802 GUNN HIGHWAY, SUITE B
TAMPA, FL 33618 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:

03/23/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: GRITTON, ROGER
Address: 3802 GUNN HIGHWAY, SUITE D
City-St-Zip: TAMPA, FL 33618

Title: ST () Delete
Name: EDWARDS, PATRICIA A
Address: 3802 GUNN HIGHWAY, SUITE D
City-St-Zip: TAMPA, FL 33618

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: GRITTON, ROGER
Address: 3802 GUNN HIGHWAY, SUITE B
City-St-Zip: TAMPA, FL 33618

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: ROGER P.GRITTON

PRES

03/23/2006

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