


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90216 010 ****50.00

DOCUMENT # L05000076030	
1. Entity Name JEFFREY BLYDENBURGH ARCHITECT, LLC	

Principal Place of Business 204 GENIUS DRIVE WINTER PARK, FL 32789	Mailing Address 204 GENIUS DRIVE WINTER PARK, FL 32789
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2. Principal Place of Business - No P.O. Box # 126 PARK AVE SOUTH Suite, Apt. #, etc. SUITE A City & State WINTER PARK FL Zip 32789 Country ORANGE	3. Mailing Address 126 PARK AVE SOUTH Suite, Apt. #, etc. SUITE A City & State WINTER PARK FL Zip 32789 Country ORANGE
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02052007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-3272975	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent BLYDENBURGH, JEFFREY 204 GENIUS DRIVE WINTER PARK, FL 32789
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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  DATE 2/5/07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BLYDENBURGH, JEFFREY 204 GENIUS DRIVE WINTER PARK, FL 32789 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.	
SIGNATURE:  DATE 2/5/07 DAYTIME PHONE 407-399-1296 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	