

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000113960

Entity Name: ARCHISCAPES, LLC

FILED
Jan 24, 2007
Secretary of State

Current Principal Place of Business:

1562 BAY GROVE RD.
FREEPORT, FL 32439

New Principal Place of Business:

Current Mailing Address:

1562 BAY GROVE RD.
FREEPORT, FL 32439

New Mailing Address:

FEI Number: 20-1732336

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LYNCHARD LAW FIRM, P.A.
7552 NAVARRE PARKWAY STE 9
NAVARRE, FL 32566 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: STOYLES, CHRIS
Address: 1562 BAY GROVE RD.
City-St-Zip: FREEPORT, FL 32439

Title: MGRM () Delete
Name: STOYLES, AMY
Address: 1562 BAY GROVE RD.
City-St-Zip: FREEPORT, FL 32439

ADDITIONS/CHANGES:

Title: MG (X) Change () Addition
Name: STOYLES, AMY
Address: 1562 BAY GROVE RD.
City-St-Zip: FREEPORT, FL 32439

Title: MGMR (X) Change () Addition
Name: STOYLES, CHRIS
Address: 1562 BAY GROVE RD.
City-St-Zip: FREEPORT, FL 32439

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: AMY STOYLES

MG

01/24/2007

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