


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90141 047 ****50.00

DOCUMENT # L06000003570	
1. Entity Name RODGERS ARCHITECTS, LLC	

60014054



Principal Place of Business 11633 PHILIPS HIGHWAY SUITE 1 JACKSONVILLE, FL 32256	Mailing Address 11633 PHILIPS HIGHWAY SUITE 1 JACKSONVILLE, FL 32256
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2. Principal Place of Business - No P.O. Box # 10175 FORTUNE PKWY	3. Mailing Address 10175 FORTUNE PKWY
Suite, Apt. #, etc. 1105	Suite, Apt. #, etc. 1105

01082007 Chg-LLC CR2E083 (12/06)

City & State JACKSONVILLE, FL	City & State JACKSONVILLE, FL
Zip 32256	Country USA

4. FEI Number 20-4082978	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WATSON, TODD 7785 BAYMEADOWS WAY SUITE 107 JACKSONVILLE, FL 32256	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MGRM DARRYL RODGERS 10175 FORTUNE <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DARRYL RODGERS 10175 FORTUNE PKWY, SUITE 1105 JACKSONVILLE, FL 32256 <input type="checkbox"/> Change <input checked="" 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
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 empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/5/07 **904 519 8018**
Date Daytime Phone #