

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 09, 2007 8:00 am
Secretary of State

03-16-2007 90156 042 ****50.00

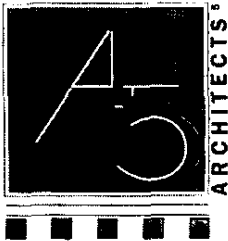
DOCUMENT # L06000027409 1. Entity Name ARCHITECTS FIVE, LLC					
Principal Place of Business 18 WASHINGTON STREET TOMS RIVER NJ 08753			Mailing Address PO BOX 141 TOMS RIVER NJ 08754		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 20-1449412 ☐ Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		1st MOORE CR2E083 (10/06)			
6. Name and Address of Current Registered Agent YEZZI, MASSIMO F JR 450 COUNTRY WOOD CIRCLE LAKE MARY FL 32746			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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-electing) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR YEZZI, MASSIMO F JR 18 WASHINGTON STREET TOMS RIVER NJ 08753	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 1/29/07 732-2403433 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE					

ATTACHMENT

30004378

ARCHITECTS FIVE, L.L.C.

ARCHITECTURE - PLANNING - INTERIOR DESIGN - MANAGEMENT



18 Washington Street P.O. Box 141

Toms River, New Jersey 08754

Phone: 732-240-3433 / Fax: 732-240-3463



124 Main Street

Newton, New Jersey 07860

Phone: 973-383-5550 / Fax: 973-383-1360

LETTER OF TRANSMITTAL

To: DIVISION OF CORPORATIONS P.O. BOX 6478 TALLAHASSEE, FLORIDA 32314	Date: 4/5/2007	Job No.:
	Re: REF. NO. L06000027409	

WE ARE SENDING YOU: ☒ Attached ☐ Under separate cover via ☐ the following items

☐ Shop Drawings ☐ Prints ☐ Specifications ☐ Samples

☐ Copy of Letter ☐ Change Order ☒ Other

Copies	Date	Number	Description
1			ANNUAL REPORT/UNIFORM BUSINESS REPORT, COMPLETED.

THESE ARE TRANSMITTED as checked below:

☐ For approval	☐ Approved as submitted	☐ Resubmit	☐ Copies for approval
☐ For your use	☐ Approved as noted	☐ Submit	☐ Copies for distribution
☒ As requested	☐ Returned for corrections	☐ Returned	☐ Corrected Prints
☐ For review & comment	☐ Other		
☐ FOR BIDS DUE/DATE:		☐ PRINTS RETURNED AFTER LOAN TO US	

REMARKS

COPY TO file

SIGNED

MASSIMO F. YEZZI, JR.

If enclosures are not as noted, please notify us at once