2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L06000053179

ARCHITECTURAL CHARRETTE TEAM, LLC



FILED Apr 25, 2008 08:00 AN Secretary of State

Principal Place of Business

950 CELEBRATION BOULEVARD

SUITE G

CELEBRATION, FL 34747

Mailing Address

950 CELEBRATION BOULEVARD

CELEBRATION, FL 34747



04222008 No Chg-LLC

CR2E083 (12/07)

Daytime Phone #

4. FEI Number	 Applied For
20-4974357	 Not Applicable
5. Certificate of Status Desired	\$5.00 Additional

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MOUEN, GEOFFREY P 950 CELEBRATION BOULEVARD SUITE G CELEBRATION, FL 34747

DO NOT WRITE IN THIS SPACE

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 reinstating)	DATE	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				
9.	MANAGING MEMBERS/MANAGERS	· · · · · · · · · · · · · · · · · · ·		
TITLE NAME STREET ADDRESS	MGRM MOUEN, GEOFFREY P 950 CELEBRATION BOULEVARD, SUITE G			
CITY-ST-ZIP	CELEBRATION, FL 34747			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,		U00000923542 05/16/08-80034-013 50.00	
TITLE				
NAME				
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CITY-ST-ZIP		סקו ן	NOT WRITE	
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TITLE			Unnnnn923542	
NAME			05/16/08-80034-014 88.75	
STREET ADDRESS				
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TITLE			·	
NAME	·			
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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.				