2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2007
Secretary of State

DOCUMENT# L06000063319

Entity Name: URBAN TECTONIC DESIGN STUDIO, LLC

Current Principal Place of Business:

6118 S. ELKINS AVE.
TAMPA, FL 33611

New Principal Place of Business:

6118 S. ELKINS AVE.
TAMPA, FL 33611 US

Current Mailing Address:

6118 S. ELKINS AVE.
TAMPA, FL 33611

New Mailing Address:

6118 S. ELKINS AVE.
TAMPA, FL 33611 US

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD., SUITE 101
TALLAHASSEE, FL 323012960 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: OSBORNE, J. WESLEY III
Address: 6118 S. ELKINS AVE.
City-St-Zip: TAMPA, FL 33611

Title: MGRM ( ) Delete
Name: MOTLEY, ROBERT
Address: 6118 S. ELKINS AVE.
City-St-Zip: TAMPA, FL 33611

ADDITIONS/CHANGES:

Title: D (X) Change ( ) Addition
Name: OSBORNE III, J. WESLEY III
Address: 6118 S. ELKINS AVE.
City-St-Zip: TAMPA, FL 33611

Title: D (X) Change ( ) Addition
Name: LARSEN, CHRIS
Address: 6118 S. ELKINS AVE.
City-St-Zip: TAMPA, FL 33611

I hereby certify that the information supplied with this filing does not qualify 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: J. WESLEY OSBORNE III MGRM 04/26/2007

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