2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Jun 20, 2008 8:00 am
Secretary of State
04-22-2008 90100 039 ***138.75

DOCUMENT # L07000056070

1. Entity Name
ARCHITECT ROBERT R. WILSON AIA CSI LLC

Principal Place of Business	Mailing Address
407 WESTBOROUGH LANE SAFETY HARBOR FL 34695 US	407 WESTBOROUGH LANE SAFETY HARBOR FL 34695 US

2. Principal Place of Business - No P.O. Box #
3. Mailing Address
Suite, Apt. #, etc.
Suite, Apt. #, etc.
City & State
City & State
Zip Country Zip Country

1st MOORE CR2E083 (10/07)

4. FEI Number [X] Applied For [X] Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WILSON, ROBERT R
407 WESTBOROUGH LANE
SAFETY HARBOR FL 34695

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] APRIL 07, 2008
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
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILSON, ROBERT R 407 WESTBOROUGH LANE SAFETY HARBOR FL 34695	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILSON, ROSETTE S 407 WESTBOROUGH LANE SAFETY HARBOR FL 34695	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	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: [signature] 05.17.2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Robert R Wilson