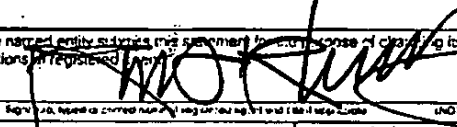
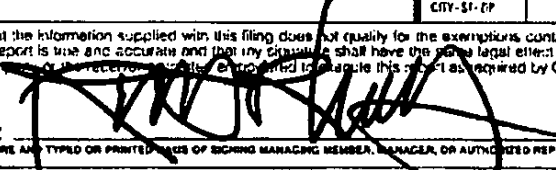


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008 4/**

**FILED**  
**Jun 20, 2008 8:00 am**  
**Secretary of State**

04-22-2008 90100 039 \*\*\*138.75

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                        |                                 |                                                                                  |                                                                                                                                                       |                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|---------------------------------|----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # L07000056070</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                        |                                 |                                                                                  |                                                                      |                                                                   |
| 1. Entity Name<br><b>ARCHITECT ROBERT R. WILSON AIA CSI LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                         |                        |                                 |                                                                                  |                                                                                                                                                       |                                                                   |
| Principal Place of Business<br><b>407 WESTBOROUGH LANE<br/>SAFETY HARBOR FL 34695<br/>US</b>                                                                                                                                                                                                                                                                                                                                                                                                            |                        |                                 | Mailing Address<br><b>407 WESTBOROUGH LANE<br/>SAFETY HARBOR FL 34695<br/>US</b> |                                                                                                                                                       |                                                                   |
| 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                                                                          | 4. FEI Number                                                                                                                                         |                                                                   |
| 5. Name and Address of Current Registered Agent<br><b>WILSON, ROBERT R<br/>407 WESTBOROUGH LANE<br/>SAFETY HARBOR FL 34695</b>                                                                                                                                                                                                                                                                                                                                                                          |                        |                                 |                                                                                  | 7. Name and Address of New Registered Agent<br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>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                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                                 |                                                                                  | DATE <b>APRIL 07, 2008</b>                                                                                                                            |                                                                   |
| <p><b>FILE NOW!!! FEE IS \$138.75</b><br/> <b>After May 1, 2008, Fee Will Be \$538.75</b><br/> <b>Make Check Payable to Florida Department of State</b></p>                                                                                                                                                                                                                                                                                                                                             |                        |                                 |                                                                                  |                                                                                                                                                       |                                                                   |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                        |                                 |                                                                                  | 10. ADDITIONS/CHANGES                                                                                                                                 |                                                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | MGRM                   | <input type="checkbox"/> Delete |                                                                                  | TITLE                                                                                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | WILSON, ROBERT R       |                                 |                                                                                  | NAME                                                                                                                                                  |                                                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 407 WESTBOROUGH LANE   |                                 |                                                                                  | STREET ADDRESS                                                                                                                                        |                                                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | SAFETY HARBOR FL 34695 |                                 |                                                                                  | CITY-ST-ZIP                                                                                                                                           |                                                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | MGRM                   | <input type="checkbox"/> Delete |                                                                                  | TITLE                                                                                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | WILSON, ROSETTE S      |                                 |                                                                                  | NAME                                                                                                                                                  |                                                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 407 WESTBOROUGH LANE   |                                 |                                                                                  | STREET ADDRESS                                                                                                                                        |                                                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | SAFETY HARBOR FL 34695 |                                 |                                                                                  | CITY-ST-ZIP                                                                                                                                           |                                                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                        | <input type="checkbox"/> Delete |                                                                                  | TITLE                                                                                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                        |                                 |                                                                                  | NAME                                                                                                                                                  |                                                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                        |                                 |                                                                                  | STREET ADDRESS                                                                                                                                        |                                                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                                 |                                                                                  | CITY-ST-ZIP                                                                                                                                           |                                                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                        | <input type="checkbox"/> Delete |                                                                                  | TITLE                                                                                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                        |                                 |                                                                                  | NAME                                                                                                                                                  |                                                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                        |                                 |                                                                                  | STREET ADDRESS                                                                                                                                        |                                                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                                 |                                                                                  | CITY-ST-ZIP                                                                                                                                           |                                                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                        | <input type="checkbox"/> Delete |                                                                                  | TITLE                                                                                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                        |                                 |                                                                                  | NAME                                                                                                                                                  |                                                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                        |                                 |                                                                                  | STREET ADDRESS                                                                                                                                        |                                                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                                 |                                                                                  | CITY-ST-ZIP                                                                                                                                           |                                                                   |
| 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 registered office authorized to prepare this report as required by Chapter 609, Florida Statutes. |                        |                                 |                                                                                  |                                                                                                                                                       |                                                                   |
| SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                           |                        |                                 |                                                                                  | DATE <b>05.17.2008</b>                                                                                                                                |                                                                   |
| SIGNATURE AND TYPED NAMES OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                                                                                                                                             |                        |                                 |                                                                                  | Date                                                                                                                                                  |                                                                   |

**Robert R Wilson**