

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000092978

FILED  
Aug 30, 2008  
Secretary of State

**Entity Name:** THE ARCHITECTURE WORKSHOP, PL

**Current Principal Place of Business:**

8512 WOODBRIAR DRIVE  
SARASOTA, FL 34238 US

**New Principal Place of Business:**

1546 EASTBROOK DRIVE  
SARASOTA, FL 34231 US

**Current Mailing Address:**

8512 WOODBRIAR DRIVE  
SARASOTA, FL 34238 US

**New Mailing Address:**

1546 EASTBROOK DRIVE  
SARASOTA, FL 34231 US

FEI Number: 26-0889737      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

SMITHERS, DAVID W  
8512 WOODBRIAR DRIVE  
SARASOTA, FL 34238 US

**Name and Address of New Registered Agent:**

SMITHERS, DAVID W  
1546 EASTBROOK DRIVE  
SARASOTA, FL 34231 US

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: DAVID W SMITHERS

08/30/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SMITHERS, DAVID W  
Address: 8512 WOODBRIAR DRIVE  
City-St-Zip: SARASOTA, FL 34238 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SMITHERS, DAVID W  
Address: 1546 EASTBROOK DRIVE  
City-St-Zip: SARASOTA, FL 34231 US

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: DAVID W SMITHERS

MGRM

08/30/2008

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