

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000124311

Entity Name: ARCHITEXTURE, L.L.C.

FILED
May 07, 2008
Secretary of State

Current Principal Place of Business:

1108 GUAVA ISLE
FORT LAUDERDALE, FL 33315

New Principal Place of Business:

Current Mailing Address:

1108 GUAVA ISLE
FORT LAUDERDALE, FL 33315

New Mailing Address:

FEI Number: 26-1586575 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

LARRY J. BEHAR, P.A.
888 SOUTHEAST THIRD AVENUE SUITE #400
FORT LAUDERDALE, FL 33316 US

Name and Address of New Registered Agent:

STUART, TAMRIN
1108 GUAVA ISLE
FORT LAUDERDALE, FL 33315 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: TAMRIN STUART

05/07/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: STUART, TAMMY
Address: 1108 GUAVA ISLE
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: STUART, TAMRIN
Address: 1108 GUAVA ISLE
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: MGR () Change (X) Addition
Name: CALCATERRA, GAIA
Address: 1108 GUAVA ISLE
City-St-Zip: FORT LAUDERDALE, FL 33315 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: TAMRIN STUART

MGR

05/07/2008

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