

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000007392

1. Entity Name
**LEERS WEINZAPFEL ASSOCIATES/HLM DESIGN JOINT
VENTURE, LLC.**



Principal Place of Business

**SUITE 1100
800 NORTH MAGNOLIA AVENUE
ORLANDO, FL 32803**

Mailing Address

**SUITE 1100
800 NORTH MAGNOLIA AVENUE
ORLANDO, FL 32803**

DO NOT WRITE IN THIS SPACE



01132004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
59-3608116

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

000000127549
04/26/04-80002-018 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WASS, MICHAEL 800 NORTH MAGNOLIA AVE., STE. 1100 ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LEERS, ANDREA 280 SUMMER ST. BOSTON, MA 02210
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Michael J. Wan

4/8/04

Date

704-358-0779

Daytime Phone #