FILED Apr 16, 2007 08:00 Al Secretary of State

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

	MENT # M0200000	3206			
1. Entity Nam	CHITECTS, L.L.C.	<u> </u>		•	
Principal Place 229 N. COLU COVINGTON,	e of Business JMBIA ST.	Mailing Address 229 N. COLUMBIA ST. COVINGTON, LA 70433			<u> </u>
	·		<u> </u>		
DO NOT WRITE IN THIS SPACE			CE	01082007 No Chg-LLC 4. FEI Number 72-1506734	CR2E083 (11/05). Applied For Not Applicable
				5. Certificate of Status Desired	☐ \$5.00 Additional
	6. Name and Address of Current	Registered Agent		<u> </u>	Fee Required
LEWIS, GEORGE E II 203 N GADSDEN ST., #6 TALLAHASSEE, FL 32301			DO NOT WRITE IN THIS SPACE		
	named entity submits this statement for named entity submits this statement for name of registered agent.	or the purpose of changing its registe	ered office or register	ed agent, or both, in the State of Flo	rida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered egen	and title if applicable. (NOTE: Registe	red Agent signature rèquired	I when reinstaling)	DATE
Fi D	iling Fee is \$50.00			U0000 04/24/07	0708606 -80120-025 50.00
9.	MANAGING MEMB	ERS/MANAGERS			
TITLE NAME STREET ADDRESS	MGRM HUNLEY, MICHAEL S 205 EAST 7TH AVENUE		1		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP	COVINGTON, LA 70433				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT W	RITE
NAME STREET ADDRESS CITY+ST-ZIP				IN THIS SF	PACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				•	
11. I hereby indicated	certify that the information supplied will on this report is true and accurate an ability company or the receiver or trust	d that my signature shall have the s	ame legat effect as i	f made under oath; that I am a mai	I further certify that the information naging member or manager of the