


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # M0300000511

1. Entity Name
LITTLE DIVERSIFIED ARCHITECTURAL CONSULTING, LLC



Principal Place of Business
5815 WESTPARK DR.
CHARLOTTE, NC 28217

Mailing Address
5815 WESTPARK DR.
CHARLOTTE, NC 28217



01062004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2384974

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

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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: n/a (NOTE: Registered Agent signature required when reinstating.) DATE

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

1100000116323
04/16/04-80060-003 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LITTLE, WILLIAM B 5815 WESTPARK DR. CHARLOTTE, NC 28217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KUTTNER, PHILIP A 5815 WESTPARK DR. CHARLOTTE, NC 28217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KOMISIN, JOHN C 5815 WESTPARK DR. CHARLOTTE, NC 28217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PERRY, GREGORY H 5815 WESTPARK DR. CHARLOTTE, NC 28217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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] Date: April 9, 2004 Daytime Phone #: 704/525-6350

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE