2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 07, 2004 08:00 AM
Secretary of State

DOCUMENT # M03000000716

1. Entity Name
MTFA ARCHITECTURE, PLLC

Principal Place of Business	Mailing Address
2311 WILSON BLVD STE. 200 ARLINGTON, VA 22201	2311 WILSON BLVD STE. 200 ARLINGTON, VA 22201

DO NOT WRITE IN THIS SPACE

04202004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
54-2018124
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

DIVERS, BRETT D
MILLS PASKERT DIVERS P.A.
100 N TAMPA ST STE. 2010
TAMPA, FL 33602

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

100000158273
05/07/04-80015-005 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	FOSTER, MICHAEL T
STREET ADDRESS	2311 WILSON BLVD STE. 200
CITY-ST-ZIP	ARLINGTON, VA 22201
TITLE	MGR
NAME	CLARK, JAMES P
STREET ADDRESS	2311 WILSON BLVD STE. 200
CITY-ST-ZIP	ARLINGTON, VA 22201
TITLE	MGR
NAME	VOORHIES, DAVID
STREET ADDRESS	2311 WILSON BLVD STE. 200
CITY-ST-ZIP	ARLINGTON, VA 22201
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: _____ 4/20/04 703-524-1001 (0)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #