


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # M03000001374 1. Entity Name BOUNDS AND GILLESPIE ARCHITECTS, PLLC	
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Principal Place of Business
7975 STAGE HILLS BLVD., SUITE 4
MEMPHIS, TN 38133-4010

Mailing Address
7975 STAGE HILLS BLVD., SUITE 4
MEMPHIS, TN 38133-4010



02272004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 62-1607325	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

GILLESPIE, JIM
12798 W. FOREST HILL BLVD., SUITE 102
WELLINGTON, FL 33414-4704

**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**

1000000093748
03/22/04-80031-009 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOUNDS, DANNY G SR. 7975 STAGE HILLS BLVD., SUITE 4 MEMPHIS, TN 381334010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GILLESPIE, PAUL D SR. 7975 STAGE HILLS BLVD., SUITE 4 MEMPHIS, TN 381334010
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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)(f), 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

Paul D. Gillespie, 3/18/04

Date

Daytime Phone #

901 377-6603