



**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 04, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M03000001374</b> 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
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**DO NOT WRITE IN THIS SPACE**



01252008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 62-1607325	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  GILLESPIE, JIM 12798 W. FOREST HILL BLVD., SUITE 102 WELLINGTON, FL 33414-4704
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

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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U000000812989  
02/12/08-80071-010 138.75

**DO NOT WRITE  
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Paul D. Gillespie, Sr.** **1/29/08** **(901) 377-6603**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #