2004 LIMITED LIABILITY COMPANY

Mar 12, 2004 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # M03000003402 1. Entity Name **EVERTON OGLESBY ARCHITECTS PLLC** Mailing Address Principal Place of Business 400 FOURTH AVENUE SOUTH 400 FOURTH AVENUE SOUTH MASHVILLE, TN 37201 MASHVILLE, TN 37201 03082004 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 62-1476304 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent BECHTEL, RONALD W DO NOT WRITE 3927 9TH LANE VERO BEACH, FL 32960 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, 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 U00000088958 <u>03/12/04-80043-010_50.</u> MANAGING MEMBERS/MANAGERS 9. TITLE EVERTON, GARY L 400 FOURTH AVENUE SOUTH STREET ADDRESS MASHVILLE, TN 37201 CITY - ST - 7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 play 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 pasted empowered to execute this report as required by Chapter 608, Florida Statutes. limited liability company or the

SIGNATURE:

NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

> AND TYPED OR PRINTED NAME SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

FILED