

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000001185

**FILED**  
**Mar 21, 2006**  
**Secretary of State**

**Entity Name:** BAUER ASKEW ARCHITECTURE, PLLC

**Current Principal Place of Business:**

209 TENTH AVE. SOUTH, SUITE 407  
NASHVILLE, TN 37203

**New Principal Place of Business:**

**Current Mailing Address:**

209 TENTH AVE. SOUTH, SUITE 407  
NASHVILLE, TN 37203

**New Mailing Address:**

FEI Number: 62-1724885

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HAUSER, JIM  
215 S. MONROE ST., STE 505  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: BAUER, GEO. THOMAS  
Address: 209 TENTH AVE. SOUTH, SUITE 407  
City-St-Zip: NASHVILLE, TN 37203

Title: MGR ( ) Delete  
Name: ASKEW, J. GARRY  
Address: 209 TENTH AVE. SOUTH, SUITE 407  
City-St-Zip: NASHVILLE, TN 37203

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: J GARRY ASKEW

MRG

03/21/2006

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date