


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT


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

DOCUMENT # M04000001185
 1. Entity Name
 BAUER ASKEW ARCHITECTURE, PLLC



Principal Place of Business 1615 16TH AVE S NASHVILLE, TN 37212	Mailing Address 1615 16TH AVE S NASHVILLE, TN 37212
---	---

DO NOT WRITE IN THIS SPACE



01032008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 62-1724885	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 HAUSER, JIM
 215 S. MONROE ST., STE 505
 TALLAHASSEE, FL 32301

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

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 BAUER, GEO. THOMAS 1615 16TH AVE NASHVILLE, TN 37212
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ASKEW, J. GARRY 1615 16TH AVE NASHVILLE, TN 37212
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 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: *Jim Hauser* Chief Manager 01 February 08 615.726.0047
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #