

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000002283

FILED  
May 20, 2008  
Secretary of State

Entity Name: FORUM ARCHITECTS LLC

**Current Principal Place of Business:**

PLAYHOUSE SQUARE  
1240 HURON ROAD  
CLEVELAND, OH 44105

**New Principal Place of Business:**

**Current Mailing Address:**

PLAYHOUSE SQUARE  
1240 HURON ROAD  
CLEVELAND, OH 44105

**New Mailing Address:**

FEI Number: 20-1031524

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: PG ( ) Delete  
Name: PATRIARCA, MICHAEL  
Address: 1959 MENTOR AVE.  
City-St-Zip: PAINESVILLE, OH 44077

Title: MGRM ( ) Delete  
Name: BROOKER, DENVER  
Address: 2285 DELAWARE DRIVE  
City-St-Zip: CLEVELAND HEIGHTS, OH 44106

Title: MGRM ( ) Delete  
Name: ROSATI, CHARLES  
Address: 813 FRONEK  
City-St-Zip: STREETSBORO, OH 44134

Title: MGR ( ) Delete  
Name: SPITTLER, PETER  
Address: 9313 KING HOLLOW COURT  
City-St-Zip: MENTOR, OH 44060

Title: MGR ( ) Delete  
Name: LENGACHER, RICHARD  
Address: 15865 CHARDON WINDSOR  
City-St-Zip: HUNTSBURG, OH 44046

**ADDITIONS/CHANGES:**

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

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

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

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 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: MICHAEL PATRIARCA

MGRM

05/20/2008

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