

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90239 024 ****50.00

DOCUMENT # M04000003990

1. Entity Name
HLP ARCHITECTS, LLC



Principal Place of Business

**3091 MAPLE DR. SUITE 101
ATLANTA, GA 30305-101**

Mailing Address

**3091 MAPLE DR. SUITE 101
ATLANTA, GA 30305-101**

DO NOT WRITE IN THIS SPACE



01062005No Chg-LLC

CR2E083 (10/03)

4. FEI Number
58-2481049

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**TOLLETT, ROBERT E
8264 WALLINGFORD HILLS LANE
JACKSONVILLE, FL 32256**

**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

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	HEADRICK, CRAIG
STREET ADDRESS	3091 MAPLE DR. SUITE 101
CITY-ST-ZIP	ATLANTA, GA 30305-101
TITLE	MGRM
NAME	LEYBURN, BOYD H III
STREET ADDRESS	3091 MAPLE DR. SUITE 101
CITY-ST-ZIP	ATLANTA, GA 30305-101
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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 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:

Boyd H. Leyburn III

BOYD H. LEYBURN III

3/18/05

404-262-9000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

DATE

Daytime Phone #