

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 20, 2005 8:00 am
Secretary of State

07-20-2005 90066 011 ****55.00

DOCUMENT # M04000004236

1. Entity Name
HOWARD PERFORMANCE ARCHITECTURE, L.L.C.



Principal Place of Business
650 POYDRAS STREET, STE. 2800
NEW ORLEANS, LA 70130

Mailing Address
650 POYDRAS STREET, STE. 2800
NEW ORLEANS, LA 70130



07072005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0535258

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

KASHTAN, MICHAEL F
DAINELS, KASHTAN, DOWNS ET AL
3300 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134

**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 September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
HOWARD, MICHAEL R
911 STATE STREET
NEW ORLEANS, LA 70118

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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: _____

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

Date

Daytime Phone #

7/12/2005 504.799.3000