2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000004242

Entity Name: ARCHISCAPES, LLC

FILED Jan 11, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

143 EAST SALEM DRIVE 1562 BAY GROVE RD. MONTGOMERY, AL 36109 FREEPORT, FL 32439

Current Mailing Address: New Mailing Address:

143 EAST SALEM DRIVE 1562 BAY GROVE RD. MONTGOMERY, AL 36109 FREEPORT, FL 32439

FEI Number: 20-1732336 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

STOYLES, CHRIS

2916 SANDPIPER COVE

NAVARRE, FL 32566 US

STOYLES, CHRIS

1562 BAY GROVE RD.

FREEPORT, FL 32439 US

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: 01/11/2006

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete

Name: STOYLES, CHRIS
Address: 143 EAST SALEM DRIVE
City-St-Zip: MONTGOMERY, AL 36109

Title: () Delete

Name: Address: City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition

Name: STOYLES, CHRIS Address: 1562 BAY GROVE RD. City-St-Zip: FREEPORT, FL 32439

Title: MGRM () Change (X) Addition

 Name:
 STOYLES, AMY

 Address:
 1562 BAY GROVE RD.

 City-St-Zip:
 FREEPORT, FL 32439

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: AMY STOYLES MGRM 01/11/2006