

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000005089

FILED  
Jul 27, 2007  
Secretary of State

**Entity Name:** CURTIS GROUP ARCHITECTURE, LLC

**Current Principal Place of Business:**

5000 QUORUM DRIVE  
DALLAS, TX 75254

**New Principal Place of Business:**

**Current Mailing Address:**

5000 QUORUM DRIVE  
DALLAS, TX 75254

**New Mailing Address:**

FEI Number: 75-2653115      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: CURTIS, TOM  
Address: 5000 QUORUM DRIVE, STE. 500  
City-St-Zip: DALLAS, TX 75254

Title: MGR ( ) Delete  
Name: CURTIS, GLORIA  
Address: 5000 QUORUM DRIVE, STE. 500  
City-St-Zip: DALLAS, TX 75254

**ADDITIONS/CHANGES:**

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: TOM CURTIS

MGR

07/27/2007

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