

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 13, 2008 08:00 A
Secretary of State

DOCUMENT # M06000005543

1. Entity Name

ARCHITECTURAL VISION GROUP, LTD. CO.



Principal Place of Business

31150 CENTER RIDGE ROAD
WESTLAKE, OH 44145

Mailing Address

31150 CENTER RIDGE ROAD
WESTLAKE, OH 44145



03072008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

34-1860428

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

R.C.T. ENGINEERING, INC.
701 NORTHPOINT PARKWAY, STE 310
WEST PALM BEACH, FL 33407

**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 _____

FILE NOW!!! FEE IS \$138.75

After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SMILTARS, ANDREJS
STREET ADDRESS	31150 CENTER RIDGE ROAD
CITY-ST-ZIP	WESTLAKE, OH 44145
TITLE	MGRM
NAME	ABBAS, SYED
STREET ADDRESS	31150 CENTER RIDGE ROAD
CITY-ST-ZIP	WESTLAKE, OH 44145
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000857302
03/31/08-80008-021 143.75

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Andrejs Smiltars

ANDREJS SMILTARS

03/07/08

440 808 8520

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

Date

Daytime Phone #