

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90067 030 ***138.75

60004004



DOCUMENT # M07000000408 1. Entity Name ARGUS ARCHITECTURE ENGINEERING, L.L.C.					
Principal Place of Business 1139 ARABELLA STREET NEW ORLEANS, LA 70115			Mailing Address 1139 ARABELLA STREET NEW ORLEANS, LA 70115		
2 Principal Place of Business - No P.O. Box # 102 N. Carrollton Ave.			3. Mailing Address P.O. Box 19145		
Suite, Apt. #, etc. Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State New Orleans, LA			City & State New Orleans, LA		
Zip 70119			Zip 70179		
Country US			Country US		
4. FEI Number 20-8047317				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ARGUS, BILL III 7563 PHILIPS HIGHWAY, SUITE 601 JACKSONVILLE, FL 32256			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ARGUS, BALLARD L 530 WEST PINE STREET, SUITE 5 PONCHATOULA, LA 70454	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ARGUS, BILL JR. 530 WEST PINE STREET, SUITE 5 PONCHATOULA, LA 70454	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ARGUS, BILL III P.O. BOX 10306 JACKSONVILLE, FL 32247	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SAWYER, BRIAN S P.O. BOX 10306 JACKSONVILLE, FL 32247	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SAWYER, BRIAN S P.O. BOX 10306 JACKSONVILLE, FL 32247	<input type="checkbox"/> Delete			
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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:			1-24-08 504-483-2421		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		