2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 20, 2009
Secretary of State

DOCUMENT# M07000006114

Entity Name: WDG ARCHITECTURE, PLLC

Current Principal Place of Business:

1025 CONNECTICUT AVENUE, NW SUITE 300
WASHINGTON, DC 20036

New Principal Place of Business:

Current Mailing Address:

1025 CONNECTICUT AVENUE, NW SUITE 300
WASHINGTON, DC 20036

New Mailing Address:

FEI Number: 53-0164442 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:	MGRM	( ) Delete
Name:	DOVE, CARROLL R	
Address:	1025 CONNECTICUT AVENUE, NW SUITE 300	
City-St-Zip:	WASHINGTON, DC 20036	
Title:	MGRM	( ) Delete
Name:	NATHANSON, MARC	
Address:	1025 CONNECTICUT AVENUE, NW SUITE 300	
City-St-Zip:	WASHINGTON, DC 20036	
Title:	MGRM	( ) Delete
Name:	MORRIS, JEFFREY A	
Address:	1025 CONNECTICUT AVENUE, NW SUITE 300	
City-St-Zip:	WASHINGTON, DC 20036	
Title:	MGRM	( ) Delete
Name:	HABIB, DAVID P	
Address:	1025 CONNECTICUT AVENUE, NW SUITE 300	
City-St-Zip:	WASHINGTON, DC 20036	
Title:	MGRM	( ) Delete
Name:	HAMMANN, FREDERICK B III	
Address:	1025 CONNECTICUT AVENUE, NW SUITE 300	
City-St-Zip:	WASHINGTON, DC 20036	
Title:	MGRM	( ) Delete
Name:	DIXON, MALCOLM D	
Address:	1025 CONNECTICUT AVENUE, NW SUITE 300	
City-St-Zip:	WASHINGTON, DC 20036	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: FREDERICK B. HAMMANN III MGRM 02/20/2009

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