

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 04, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000011368

1. Entity Name
ARTIST MANAGEMENT RESOURCES, L.C.



Principal Place of Business
649 S.W. WHITMORE DRIVE
PORT ST LUCIE, FL 34984

Mailing Address
649 S.W. WHITMORE DRIVE
PORT ST LUCIE, FL 34984



03312005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1041960

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BUTERA, JOSEPH G JR.
649 SW WHITMORE DRIVE
PORT ST LUCIE, FL 34989

**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 reinstalling)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SIMMONS, RONALD E
649 S.W. WHITMORE DRIVE
PORT ST LUCIE, FL 34984

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BONGIOVI, ANTHONY
649 S.W. WHITMORE DRIVE
PORT ST LUCIE, FL 34984

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
FERGUSON, ANTHONY
649 S.W. WHITMORE DRIVE
PORT ST LUCIE, FL 34984

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BUTERA, JOSEPH
649 S.W. WHITMORE DRIVE
PORT ST LUCIE, FL 34984

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000286229
04/04/05-80019-007 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

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

Joseph G Butera, Jr.

3/31/05 772-879-9400

Date

Daytime Phone #