

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2007 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**



04302007No Chg-LLC

CR2E083 (11/05)

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 reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SIMMONS, RONALD E
STREET ADDRESS	649 S.W. WHITMORE DRIVE
CITY-STATE-ZIP	PORT ST LUCIE, FL 34984
TITLE	MGRM
NAME	BONGIOVI, ANTHONY
STREET ADDRESS	649 S.W. WHITMORE DRIVE
CITY-STATE-ZIP	PORT ST LUCIE, FL 34984
TITLE	MGRM
NAME	FERGUSON, ANTHONY
STREET ADDRESS	649 S.W. WHITMORE DRIVE
CITY-STATE-ZIP	PORT ST LUCIE, FL 34984
TITLE	MGRM
NAME	BUTERA, JOSEPH
STREET ADDRESS	649 S.W. WHITMORE DRIVE
CITY-STATE-ZIP	PORT ST LUCIE, FL 34984
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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05/18/07-80089-003 50.00

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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: _____

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

Joseph G. Butera, Jr.

Date

Daytime Phone #

4/30/07 772-879-0578