2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0100007190

1. Entity Name

SIGNATURE: SIGNATURE AND TYPED OR PRINTED

FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 90103 030 ****50.00

NEW BEA	CH ART GALLERY, L.L.C.	•								
Principal Plac	e of Business	Mailing Address								
Principal Place of Business 531 A1A BEACH BLVD. ST. AUGUSTINE BEACH FL 32080		531 A1A BEACH BLVD. ST. AUGUSTINE BEACH FL 32080			4 1 01 411	DIE BEE BEERE IN DES BRINE BRINE	8013 8812 8 8 1	1) 1960) 13 0/0 10	LIJI 40 11 1041	
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF	MAKING	CHANGES		
City & State		City & State		4.	FEI Numi	ber 59-3738962			oplied For ot Applicable	_
Zip	Country	- Zip	Country			e of Status Desired	F	5.00 Add ee Require		
ļ_ 	6. Name and Address of Current	Registered Agent		7.	Name an	d Address of New Reg	istered A	gent		4
PARTOS, GINA 531 A1A BEACH BLVD				Name Street Address (P.O. Box Number is Not Acceptable)						
51 4	AUGUSTINE FL 32080			<u></u>						1
	·		City				FL	Zip Code		_
the obligati	named entity submits this statement for conjections of the conjection of the conject	or the purpose of changing its re	gistered office or	r registered a	gent, or bi	oth, in the State of Florid $4125/6$	-	amiliar with, a	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. NOTE: R	legistered Agent signati	ure required when	reinstating)		DATE	 		
		Make Check Payable	V!!! FEE IS \$ to Florida Dep By May 1, 200	partment of	f State				-]
9.	MANAGING MEMBI	ERS/MANAGERS	10,			ADDITIONS/C	HANGES]_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PARTOS, GINA 701 A1A BEACH BLVD, #C ST. AUGUSTINE FL 32080	K Change of address →	TITLE NAME STREET ADORESS CITY-ST-ZIP	Mana Parti 531	ging Sil	Director Gina 4 Beach USTINE,		⊠ Change d . 3208	☐ Addition	CR2E083 (10/02)
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS - CITY-ST-ZIP			a segunda		Change	Addition	CR2
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	è				☐ Change	Addition	†
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11. I hereby of indicated limited lial	pertify that the information supplied with on this report is true and accurate and bility company or the receive at truste	n this filing does not qualify for the that my signature small have the error ered to execute this rep	e exemption state same legal effections port as required b	ted in Section ct as if made by Chapter 60	119.07(3 under oat 08, Florida)(i), Florida Statutes. I fu h; that I am a managin Statutes.	urther certi g member	fy that the in or manager	iformation r of the	