

FROM :


FAX NO. :

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FILED  
Jun 10, 2005 8:00 am  
Secretary of State

05-02-2005 90097 004 \*\*\*\*50.00

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

<b>DOCUMENT # L04000010280</b>					
1. Entity Name <b>ART DECO INVESTMENTS, LLC</b>					
Principal Place of Business <b>2209 COLLINS AVENUE MIAMI BEACH, FL 33139</b>			Mailing Address <b>2209 COLLINS AVENUE MIAMI BEACH, FL 33139</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>20-2946610</b> Applied for <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
5. Certificate of Status Owed <input type="checkbox"/>			\$5.00 Additional Fee Required <input type="checkbox"/>		
6. Name and Address of Current Registered Agent <b>FREEMAN, PAUL H 1840 WEST 49TH STREET SUITE 410 HIALEAH, FL 33012</b>			7. Name and Address of New Registered Agent Name <b>ANVARI, MOHAMMAD</b> Street Address <b>2209 COLLINS AVENUE</b> <b>MIAMI BEACH FL 33139</b>		
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 tender with, and accept the obligations of, registered agent.					
SIGNATURE: <i>Mehmed R. Arman</i> DATE: _____					
Filing Fee is \$60.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ANVARI, MOHAMMAD R		NAME		
STREET ADDRESS	2209 COLLINS AVENUE		STREET ADDRESS		
CITY- ST- ZIP	MIAMI BEACH, FL 33139		CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(b), 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: <i>Mehmed R. Arman</i> DATE: <b>04/29/05</b>					

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04282005 Chg-LLC CR2E083 (10/03)

SIGNATURE DATE

SIGNATURE DATE