

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000049931

Entity Name: ARTLETICS, L.L.C.

FILED
Apr 24, 2005
Secretary of State

Current Principal Place of Business:

1019 COASTAL CIRCLE
OCOE, FL 34761

New Principal Place of Business:

Current Mailing Address:

1019 COASTAL CIRCLE
OCOE, FL 34761

New Mailing Address:

FEI Number: 20-0342068

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CIOFFI, SHERRY L
1019 COASTAL CIRCLE
OCOE, FL 34761 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/MEMBERS:

Title: MGRM () Delete
Name: CIOFFI, JOSEPH V
Address: 1019 COASTAL CIRCLE
City-St-Zip: OCOE, FL 34761

Title: MGR () Delete
Name: CROPP, ISAAC V III
Address: 2823 SANTANA AVENUE
City-St-Zip: ORLANDO, FL 32835

Title: MGR (X) Delete
Name: HESSELBACH, KAREN
Address: 4707 WALDEN CIRCLE, #1923
City-St-Zip: ORLANDO, FL 32811

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOSEPH V. CIOFFI

MGRM

04/24/2005

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