


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2005 8:00 am
Secretary of State

03-30-2005 90163 027 ****50.00

| | |
|---|---|
| DOCUMENT # L04000087392 1. Entity Name BROKEN HART MOSAICS, LLC |  |
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|---|---|
| Principal Place of Business 439 MYRTLEWOOD RD. MELBOURNE, FL 32940 | Mailing Address P.O. BOX 411714 MELBOURNE, FL 32941-1714 |
|---|---|

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |



| | | |
|---|--|-----------------|
| 02122005 | Chg-LLC | CR2E083 (10/03) |
| 4. FEI Number 30-0286239 | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent HART, JANE R 439 MYRTLEWOOD ROAD MELBOURNE, FL 32940 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 *Jane A. Hart* DATE **3-25-05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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| Filing Fee is \$50.00 Due by May 1, 2005 | | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
|------------------------------|-----------------------------|---------------------------------|-----------------------|----------------------------|--|
| TITLE | MGR | <input type="checkbox"/> Delete | TITLE | Managing member | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HART, JANE R | | NAME | Hart, Jane A. | |
| STREET ADDRESS | 439 MYRTLE WOOD ROAD | | STREET ADDRESS | 439 Myrtlewood Road | |
| CITY-ST-ZIP | MELBOURNE, FL 32940 | | CITY-ST-ZIP | Melbourne, FL 32940 | |
| 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 | | |

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: *Jane A. Hart* **Jane A. Hart** DATE **3-25-05** 321-693-5263
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #