

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000087392

Entity Name: BROKEN HART MOSAICS, LLC

FILED  
Apr 24, 2006  
Secretary of State

**Current Principal Place of Business:**

439 MYRTLEWOOD RD.  
MELBOURNE, FL 32940

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 411714  
MELBOURNE, FL 329411714

**New Mailing Address:**

FEI Number: 30-0286239

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HART, JANE R  
439 MYRTLEWOOD ROAD  
MELBOURNE, FL 32940 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/MANAGERS:**

Title: MGRM ( ) Delete  
Name: HART, JANE R  
Address: 439 MYRTLEWOOD ROAD  
City-St-Zip: MELBOURNE, FL 32940

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: HART, JANE A  
Address: 439 MYRTLEWOOD ROAD  
City-St-Zip: MELBOURNE, FL 32940

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: JANE A. HART

MGRM

04/24/2006

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