## **2006 LIMITED LIABILITY COMPANY** .- ANNUAL REPORT

## Jan 19, 2006 8:00 am Secretary of State **DOCUMENT # L05000065462** 1. Entity Name 01-19-2006 90014 016 \*\*\*\*50.00 WALLACE ART HOLDINGS, LLC Mailing Address Principal Place of Business H000 2120 9126 THE LANE 9126 THE LANE NAPLES, FL 34109 NAPLES, FL 34109 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 01162006 CR2E083 (11/05) Chg-LLC Applied For City & State City & State 4. FEI Number Not Applicable Zip Country \$5.00 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KELLY, CHARLES M JR. Street Address (P.O. Box Number is Not Acceptable) 2640 GOLDEN GATE PARKWAY, SUITE 305 NAPLES, FL 34105 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$50.00 Due by May 1, 2006 Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. MGRM TITLE Change ☐ Addition TITLE ☐ Defete WALLACE, JAMES P. NAME NAME 9126 THE LANE STREET ADDRESS STREET ADDRESS NAPLES, FL 34109 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

**FILED** 

JAMES P WALLACE 1-20-06 339-948-2929

EVAND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Described Proper # **SIGNATURE** 

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of 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 secence of the liability company or the secence of