

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

**FILED
Jul 21, 2008
Secretary of State**

DOCUMENT# L07000104220

Entity Name: ARTISTRY CONCEPTS, LLC

Current Principal Place of Business:

3579 SOUTH ACCESS ROAD
SUITE J
ENGLEWOOD, FL 34224 US

New Principal Place of Business:

Current Mailing Address:

3579 SOUTH ACCESS ROAD
SUITE J
ENGLEWOOD, FL 34224 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARTVIGSEN, GALE
125 ARROW LANE
CAPE HAZE, FL 33947 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: MGR () Delete
Name: HARTVIGSEN, GALE
Address: 125 ARROW LANE
City-St-Zip: CAPE HAZE, FL 33947 US

Title: MGRM () Delete
Name: WESTON, MARK A
Address: 125 ARROW LANE
City-St-Zip: CAPE HAZE, FL 33947 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: HARTVIGSEN, GALE
Address: 125 ARROW LANE
City-St-Zip: CAPE HAZE, FL 33947 US

I hereby certify that the information supplied with this filing does not qualify 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: GALE HARTVIGSEN

MGRM

07/21/2008

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