

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

0009432

DOCUMENT # L97000000115

1. Entity Name

WALTER STAUDINGER ARTS, LLC

02-04-2002 90021 013 ****50.00

Principal Place of Business

**30 LAGORCE CIRCLE
 MIAMI BEACH FL 33141**

Mailing Address

**30 LAGORCE CIRCLE
 MIAMI BEACH FL 33141**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

4901 Tamiami Trail N.



DO NOT WRITE IN THIS SPACE

City & State

Zip

Country

City & State

Zip

Country

4. FEI Number

65-0823875

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**STAUDINGER, WALTER
 30 LAGORCE CIRCLE
 MIAMI BEACH FL 33141**

7. Name and Address of New Registered Agent

Name
U.S. Investor Services, Inc.
 Street Address (P.O. Box Number is Not Acceptable)
4901 Tamiami Trail N.
 City
Naples **FL** Zip Code
34103

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.

SIGNATURE

[Signature]

R. Filthaut

1-21-02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE
MGRM Delete
 NAME
STAUDINGER, WALTER
 STREET ADDRESS
30 LAGORCE CIRCLE
 CITY-ST-ZIP
MIAMI BEACH FL 33141

10. ADDITIONS/CHANGES

TITLE
UP Change Addition
 NAME
Filthaut, Rainer
 STREET ADDRESS
4901 Tamiami Trail N.
 CITY-ST-ZIP
Naples, FL 34103

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

TITLE
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 STREET ADDRESS
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 CITY-ST-ZIP Change Addition

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 CITY-ST-ZIP Delete

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

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:

[Signature]
Walter Staudinger

R. Filthaut

1-21-02

941-213-4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)