


# 2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

<b>DOCUMENT # L97000000115</b> 1. Entity Name WALTER STAUDINGER ARTS, LLC	
---	---

## FILED

2007 MAR 29 AM 10: 59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business 30 LAGORCE CIRCLE MIAMI BEACH, FL 33141	Mailing Address 3838 TAMIAMI TRAIL NORTH SUITE 416 NAPLES, FL 34103
---	--

2. Principal Place of Business - No P.O. Box # <b>3838 Tamiami Trail North</b>	3. Mailing Address Suite, Apt. #, etc. <b>Suite 416</b>
---	---

03262007    Chg-LLC    CR2E083 (12/06)

City & State <b>Naples, FL</b>	City & State _____
-----------------------------------	-----------------------

4. FEI Number <b>65-0823875</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

Zip <b>34103</b>	Country <b>USA</b>	Zip _____	Country _____
---------------------	-----------------------	--------------	------------------

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent STAUDINGER, WALTER US INVESTOR SERVICES INC 3838 TAMIAMI TRAIL NORTH SUITE 416 NAPLES, FL 34103	7. Name and Address of New Registered Agent Name <b>IRC Investor Services LLC</b> Street Address (P.O. Box Number is Not Acceptable) <b>3838 Tamiami Trail North, Suite 416</b> City <b>Naples</b> <b>FL</b> Zip Code <b>34103</b>
---	--

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 *Walter Staudinger* *Rainer Filthaut*    3-26-07  
Signature, typed or printed name of registered agent and title if applicable.    (NOTE: Registered Agent signature required when reinstating)    DATE

<b>Amended AR is \$50.00</b>	Make check payable to <b>Florida Department of State</b>
------------------------------	---

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>STAUDINGER, WALTER</b> <input type="checkbox"/> Delete <b>30 LAGORCE CIRCLE</b> <b>MIAMI BEACH, FL 33141</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Walter Staudinger</b> <b>3838 Tamiami Trail North, Suite 416</b> <b>Naples, FL 34103</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <input type="checkbox"/> Delete <b>FILTHAUT, RAINER</b> <b>3838 TAMIAMI TRAIL NORTH SUITE 416</b> <b>NAPLES, FL 34103</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Rainer Filthaut</b> <b>3838 Tamiami Trail North, Suite 416</b> <b>Naples, FL 34103</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-size: 0.8em;">                         700095787517                          04/04/07--01025--013    **50.00                     </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: *Walter Staudinger* *Rainer Filthaut*    3-26-07    239-213-4000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE    Date    Daytime Phone #