2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State
03-28-2008 90173 045 ***138.75

60017906

02132008 Chg-LLC CR2E083 (12/06)

DOCUMENT # M07000000415

1. Entity Name
ARTSY ABODE AT POINTE ORLANDO, LLC

Principal Place of Business	Mailing Address
500 N.W. 43RD SUITE 3 GAINESVILLE, FL 32607	500 N.W. 43RD SUITE 3 GAINESVILLE, FL 32607

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
9101 International Dr	2219 CR 220
Suite, Apt. #, etc. 1168	Suite, Apt. #, etc. Ste 316
City & State Orlando, FL	City & State Middleburg FL
Zip 32819 Country USA	Zip 32068 Country

4. FEI Number 20-5931609 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BOVAY, JOHN C 901 N.W. 57TH STREET GAINESVILLE, FL 32605	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GO FISH INVESTMENTS, LLC 2722 CENTERVILLE ROAD, STE 400 WILMINGTON, DE 19808 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 2219 CR 220 Ste 316 Middleburg, FL 32068
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
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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 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: [signature] 3-25-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #