

**2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Jun 02, 2008**  
**Secretary of State**

DOCUMENT# 703775

**Entity Name:** BEAUX ARTS OF THE LOWE ART MUSEUM OF THE UNIVERSITY OF MIAMI, INC.**Current Principal Place of Business:**UNIVERSITY OF MIAMI  
1301 SANFORD DRIVE  
CORAL GABLES, FL 331246310**New Principal Place of Business:****Current Mailing Address:**UNIVERSITY OF MIAMI  
1301 SANFORD DRIVE  
CORAL GABLES, FL 331246310**New Mailing Address:****FEI Number:** 59-6131426**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**RAPHAEL, BASTIAN  
C/O BEAUX ARTS, LOWE ART MUSEUM  
U OF MIAMI/ 1301 SANFORD DRIVE  
CORAL GABLES, FL 33124 US**Name and Address of New Registered Agent:**LONDON, KEITH  
C/O BEAUX ARTS, LOWE ART MUSEUM  
U OF MIAMI/ 1301 SANFORD DRIVE  
CORAL GABLES, FL 33124 US

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: KEITH LONDON

06/02/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: BASTIAN, RAPHAEL M  
Address: 12715 SW 67TH AVENUE  
City-St-Zip: PINECREST, FL 33156

Title: DV ( ) Delete  
Name: LONDON, KEITH  
Address: 16120 SW 77TH AVENUE  
City-St-Zip: MIAMI, FL 33157

Title: DT ( ) Delete  
Name: LUEBKE, MARGARET  
Address: 323 NE 91ST STREET  
City-St-Zip: MIAMI SHORES, FL 33138

Title: DS ( ) Delete  
Name: MEAD, ALI  
Address: 11300 SW 60TH COURT  
City-St-Zip: PINECREST, FL 33156

Title: DS ( ) Delete  
Name: MCWILLIAMS, LAURIE  
Address: 4850 NORTH KENDALL DRIVE  
City-St-Zip: CORAL GABLE, FL 33156

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: LONDON, KEITH M  
Address: 16120 SW 77 AVENUE  
City-St-Zip: PINECREST, FL 33156

Title: DV (X) Change ( ) Addition  
Name: BATTLE, MICHELE  
Address: 5809 RIVIERA DR  
City-St-Zip: CORAL GABLES, FL 33146

Title: DT (X) Change ( ) Addition  
Name: DOLAN, KRISTIN  
Address: 9530 SW 68 AVE  
City-St-Zip: MIAMI, FL 33156

Title: DS (X) Change ( ) Addition  
Name: JAMES, SARA  
Address: 1425 CANTORIA AVE  
City-St-Zip: CORAL GABLES, FL 33133146

Title: DS (X) Change ( ) Addition  
Name: HOY, LESLE  
Address: 1449 CECILIA AVE  
City-St-Zip: CORAL GABLES, FL 33146

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 or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEITH LONDON

DP

06/02/2008

Electronic Signature of Signing Officer or Director

Date