


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000010628 1. Entity Name ART BY GILBERT, LLC	
---	---

Principal Place of Business 3154 WINDCHIME CIRCLE, SOUTH APOPKA, FL 32703	Mailing Address 3154 WINDCHIME CIRCLE, SOUTH APOPKA, FL 32703
---	---



03082005 No Chg-LLC

CR2E083 (10/03)

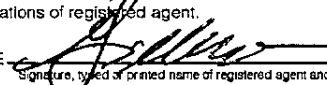
DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3670784	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent CAUTHORNE, GILBERT D 3154 WINDCHIME CIRCLE SOUTH APOPKA, FL 32703
--

**DO NOT WRITE
IN THIS SPACE**

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:  (NOTE: Registered Agent signature required when reinstating)

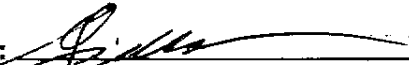
DATE: 3/14/05

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAUTHORN, GILBERT D 3154 WINDCHIME CIRCLE, SOUTH APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAUTHORN, SONIA 3154 WINDCHIME CIRCLE, SOUTH APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:  3/14/05 407-788-0705

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #