FILED
Apr 26, 2006 08:00 AM
Secretary of State

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000010628

1. Entity Name
ART BY GILBERT, LLC

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

DO NOT WRITE IN THIS SPACE

04042006No Chg-LLC CR2E083 (11/05)

4. FEI Number
59-3670784
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CAUTHORNE, GILBERT D
3154 WINDCHIME CIRCLE SOUTH
APOPKA, FL 32703

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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

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	CAUTHORN, GILBERT D
STREET ADDRESS	3154 WINDCHIME CIRCLE, SOUTH
CITY-ST-ZIP	APOPKA, FL 32703
TITLE	MGRM
NAME	CAUTHORN, SONIA
STREET ADDRESS	3154 WINDCHIME CIRCLE, SOUTH
CITY-ST-ZIP	APOPKA, FL 32703
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	

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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 605, Florida Statutes.

SIGNATURE: Gilbert Cauthorne Sonia Cauthorne 4/23/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date