


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 11, 2007 08:00 A
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
---	---

DO NOT WRITE IN THIS SPACE



03292007 No Chg-LLC

CR2E083 (11/05)

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**

6. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2007**

U00000700570
04/20/07-80022-024 50.00

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 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 recorder or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/9/07

Paul CK 8/13/07
4/9/07