

ANNUAL REPORT (AR)

DOCUMENT # L00000013465

1. Entity Name

ART CENTER, LLC



FILED
Feb 28, 2007 08:00 AM
Secretary of State

Principal Place of Business

ART CENTER, LLC
20533 BISCAYNE BLVD., #4218
AVENTURA FL 33180

Mailing Address

ART CENTER, LLC
20533 BISCAYNE BLVD., #4218
AVENTURA FL 33180



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E083 (10/06)

Zip

Country

Zip

Country

4. FEI Number

65-1052388

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

RANDY LEVINE
20533 BISCAYNE BLVD STE 4218
AVENTURA FL 33180

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 reconstituting)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
MGRM
LEVINE, RANDY
20533 BISCAYNE BLVD STE 4218
AVENTURA FL 33180

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
Change Addition
U000000651545
03/09/07-80011-023 55.00

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
Delete

TITLE
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STREET ADDRESS
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CITY-STATE-ZIP
Change Addition

TITLE
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STREET ADDRESS
CITY-STATE-ZIP
Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
Change Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Randy Levine RANDY LEVINE

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

2-24-07

Date

305-9318616

Daytime Phone #