2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2007
Secretary of State

DOCUMENT# L01000008979

Entity Name: THE ART ADVENTURE, LLC

Current Principal Place of Business:

19 OVERLOOK RD
HOPKINTON, MA 01748

New Principal Place of Business:

Current Mailing Address:

POB 294
HOPKINTON, MA 01748

New Mailing Address:

FEI Number: 65-1111608 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ANGEL M. GARCIA-OLIVER, P.A.
782 NW 42 AVENUE
SUITE 447
MIAMI, FL., FL 33126 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: GARCIA-OLIVER, ANGEL M
Address: 782 NW 42 AV. SUITE 447
City-St-Zip: MIAMI, FL 33126

Title: MGR ( ) Delete
Name: ALONSO, DOMINGO
Address: 300 SEVILLA AVENUE
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR ( ) Delete
Name: LLORENTE, LUZ M
Address: 19 OVERLOOK RD
City-St-Zip: HOPKINTON, MA 01748

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change ( ) Addition
Name: ALONSO, DOMINGO
Address: 5805 BLUE LAGOON DR. #200
City-St-Zip: MIAMI, FL 33126

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LUZ MARINA LLORENTE MGR 04/10/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date