## 2004 LIMITED LIABILITY COMPANY

## Jul 30, 2004 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # L01000014314 07-30-2004 90132 022 \*\*\*\*55.00 1. Entity Name ART AT THE DIPLOMAT, LLC 1801-1 BISCAYNE BLYD: 3550 5 180 FEBISCAYNE BLVD TOWER ONE SOUTH SUITE 1804 WOOD AVENTURATELE 33160 HOLLY JOWER ONE SOUTH'SUITE 1804 07082004N分Gtrg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1131569 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LOWE, MELVIN DO NOT WRITE 18011-BISCAYNE-BLVD. TOWER ONE SOUTH SUITE 1804 IN THIS SPACE AVENTURA FL 33160 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 reinstating) Filing Fee is \$50.00 Due by September 8, 2004 MANAGING MEMBERS/MANAGERS MGRM -TITLE NAME -1801T BISCAYNE BLVD STREET ADDRESS AVENTURA-FL-83160-CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i); 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 cath, 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

FILED

Daytime Phone #