

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000014759

FILED
Jul 06, 2005
Secretary of State

Entity Name: ARTE PRIMERO ENTERPRISE, L.L.C.

Current Principal Place of Business:

3500 S MOORING WAY
MIAMI, FL 33133

New Principal Place of Business:

Current Mailing Address:

3500 S MOORING WAY
SUITE 303
MIAMI, FL 33133

New Mailing Address:

FEI Number: 22-1478099 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MALE, MICHAEL H ESQ
MICHAEL H. MALE, P.A.
3250 MARY ST SUITE 303
MIAMI, FL 33133 US

Name and Address of New Registered Agent:

NASREDDINE, MARLENE
3500 S MOORING WAY
MIAMI, FL 33133 US

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: MARLENE NASREDDINE

07/06/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: NASREDDINE, MARLENE
Address: 3500 S MOORING WAY
City-St-Zip: MIAMI, FL 33133

Title: MGR () Delete
Name: TERASAKI, GEORGE
Address: 3500 S MOORING WAY
City-St-Zip: MIAMI, FL 33133

ADDITIONS/CHANGES:

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

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 Section 119.07(3)(i), 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: MARLENE NASREDDINE

MGR

07/06/2005

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