2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Secretary of State DOCUMENT # L01000014759 1. Entity Name 03-08-2006 90042 009 ****50.00 ARTE PRIMERO ENTERPRISE, L.L.C. Principal Place of Business Mailing Address 3500 S MOORING WAY MIAMI FL 33133 3500 S MOORING WAY SUITE 303 MIAMI FL 33133 2. Principal Place of Business 3500 S.N 100R1N61 Suite, Apt. W. etc. 1st MOORE CR2E083 (10/05) City & State 4. FEI Number Applied For 22-1478099 Not Applicable Zio Country \$5.00 Additional 5. Certificate of Status Desired Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NASREDDINE, MARLENE Street Address (P.O. Box Number is Not Acceptable) 3500 S MOORING WAY **MIAMI FL 33133** City 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 SQUARME, typhel or presided name of repositivity agent and table Countricated. (NOTE: Registreed Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. DILE ☐ Detete TATLE ☐ Change NUME NASREDDINE, MARLENE NAME STREET ADDRESS 3500'S MOORING WAY STREET ADDRESS CITY-SI-70 CITY - 57 - 71P MIAMI FL 33133 TITLE ☐ Delete TITLE ☐ Change MGR ☐ Addition NAME TERASAKI, GEORGE NAME 3500 S MOORING WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP MIAMI FL 33133 Delete TILE nne Change Addition STREET ADDRESS STREET ADDRESS CITY ST-218 CITY-ST-ZIP THLE Oelete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - S1 - 7/P CITY-SI-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET AODRESS CITY-ST-ZIP CITY - ST - ZIP 11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. Flurther 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. MARLENE

MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Mar 08, 2006 8:00 am



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 22, 2006

ARTE PRIMERO ENTERPRISE, L.L.C. 3500 S MOORING WAY SUITE 303 MIAMI, FL 33133

Subject: ARTE PRIMERO ENTERPRISE, L.L.C.

Reference Number:

L01000014759

Please be advised, we have received your annual report/uniform business report; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The fee to file the enclosed annual report/uniform business report is \$50.00. If a certificate of status is desired, please add an additional \$5.00.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE _ ANNUAL REPORTS SECTION