

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 17, 2005 8:00 am**  
**Secretary of State**

03-17-2005 90137 046 \*\*\*\*50.00

**DOCUMENT # L01000021014**

1. Entity Name  
**SQUARE ONE ARTS LLC**



Principal Place of Business  
**1708 SHORESIDE CIR.  
WELLINGTON, FL 33414**

Mailing Address  
**1708 SHORESIDE CIR.  
WELLINGTON, FL 33414**

**20041500**



02222005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

|   |  |
|---|--|
| 4. FEI Number<br><b>03-0383875</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional Fee Required                  |

**6. Name and Address of Current Registered Agent**

**BUKOWSKI, NORBERT R II  
1708 SHORESIDE CIR  
WELLINGTON, FL 33414**

**DO NOT WRITE  
IN THIS SPACE**

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)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

|                |                        |
|----------------|------------------------|
| TITLE          | MGRM                   |
| NAME           | BUKOWSKI, NORBERT R II |
| STREET ADDRESS | 1708 SHORESIDE CIR.    |
| CITY-ST-ZIP    | WELLINGTON, FL 33414   |

|                |                      |
|----------------|----------------------|
| TITLE          | MGRM                 |
| NAME           | ALEXANDER, MARK P    |
| STREET ADDRESS | 1708 SHORESIDE CIR.  |
| CITY-ST-ZIP    | WELLINGTON, FL 33414 |

|                |  |
|----------------|--|
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

|                |  |
|----------------|--|
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

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| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

|                |  |
|----------------|--|
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

**DO NOT WRITE  
IN THIS SPACE**

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 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:** \_\_\_\_\_

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

**Norbert R. Bukowski**

Date

Daytime Phone #

**792-8269  
561-868-3314**