


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 22, 2005 8:00 am
Secretary of State

08-22-2005 90187 031 ****50.00

DOCUMENT # L02000001082		
1. Entity Name THE ANTIQUE EXPERIENCE, L.L.C.		

Principal Place of Business 504 EAST ATLANTIC AVE. DELRAY BEACH FL 33483	Mailing Address 504 EAST ATLANTIC AVE. DELRAY BEACH FL 33483
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

2nd MOORE CR2E083 (5/05)

4. FEI Number NO-T APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent GOLDFARB, GARY 504 EAST ATLANTIC AVE DELRAY BEACH FL 33483	7. Name and Address of New Registered Agent Name <u>GARY GOLDFARB</u> Street Address (P.O. Box Number is Not Acceptable) <u>2494 S. Ocean Blvd.</u> City <u>Boca Raton</u> FL <u>33432</u> Unit <u>(A-2)</u>
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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 GARY GOLDFARB GARY GOLDFARB 8/12/05
Signature, typed or printed name of registered agent and if applicable, NOTE: Registered Agent signature required DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 7, 2005

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <u>Managing Mgr.</u> <input type="checkbox"/> Delete GOLDFARB, GARY 504 EAST ATLANTIC AVE DELRAY BEACH FL 33483	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>[Scribbled Out]</u> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: GARY GOLDFARB 8/12/05 561-716-2788
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #