2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 18, 2009
Secretary of State

DOCUMENT# L02000001082

Entity Name: THE ANTIQUE EXPERIENCE, L.L.C.

Current Principal Place of Business:

504 EAST ATLANTIC AVE.
DELRAY BEACH, FL 33483

New Principal Place of Business:

Current Mailing Address:

504 EAST ATLANTIC AVE.
DELRAY BEACH, FL 33483

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOLDFARB, GARY
4945 NW 23RD CT
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: GOLDFARB, GARY
Address: 504 EAST ATLANTIC AVE
City-St-Zip: DELRAY BEACH, FL 33483

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: GOLDFARB, GARY K
Address: 504 EAST ATLANTIC AVE
City-St-Zip: DELRAY BEACH, FL 33483

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: GARY K. GOLDFARB MGR 03/18/2009

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