

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000026250

FILED
Feb 26, 2004
Secretary of State

Entity Name: IOMA ART LLC

Current Principal Place of Business:

7179 SAN SEBASTIAN DRIVE
BOCA RATON, FL 33433

New Principal Place of Business:

6000 GLADES RD. #1206A
BOCA RATON, FL 33431 US

Current Mailing Address:

PO BOX 810901
BOCA RATON, FL 334810901

New Mailing Address:

6000 GLADES RD. #1206A
BOCA RATON, FL 33431 US

FEI Number: 13-4219779

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, DEAN E
911 NW 179TH AVE
PEMBROKE PINES, FL 33029 US

Name and Address of New Registered Agent:

JOHNSON, DEAN E
6000 GLADES RD. #1206A
BOCA RATON, FL 33431 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:

02/26/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: MARKELLIS, LINDA C OWNER
Address: 490 TETRAULT RD.
City-St-Zip: KALISPELL, MT 59901 US

Title: MGR () Delete
Name: JOHNSON, DEAN E OWNER
Address: 911 NW 179TH AVE.
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: MGR () Delete
Name: JOHNSON, KRISTA L OWNER
Address: 911 NW 179TH AVE.
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: MGR () Delete
Name: MARKELLIS, GREG A OWNER
Address: 490 TETRAULT RD.
City-St-Zip: KALISPELL, MT 59901 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MARKELLIS, LINDA C OWNER
Address: 6000 GLADES RD #1206A
City-St-Zip: BOCA RATON, FL 33431 US

Title: MGR (X) Change () Addition
Name: JOHNSON, DEAN E OWNER
Address: 6000 GLADES RD #1206A
City-St-Zip: BOCA RATON, FL 33431 US

Title: MGR (X) Change () Addition
Name: JOHNSON, KRISTA L OWNER
Address: 6000 GLADES RD #1206A
City-St-Zip: BOCA RATON, FL 33431 US

Title: MGR (X) Change () Addition
Name: MARKELLIS, GREG A OWNER
Address: 6000 GLADES RD #1206A
City-St-Zip: BOCA RATON, FL 33431 US

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: DEAN E JOHNSON

MGR

02/26/2004

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