

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 23, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L02000028896

1. Entity Name  
ART SHOWS INTERNATIONAL II, LLC



Principal Place of Business  
4369 D'EVEREUX CIRCLE  
PENSACOLA, FL 32504

Mailing Address  
4369 D'EVEREUX CIRCLE  
PENSACOLA, FL 32504



02202007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
01-0750056

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

CARRO, MICHAEL A  
4369 D'EVEREUX CIRCLE  
PENSACOLA, FL 32504

**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, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
CARRO, MICHAEL A  
4369 D'EVEREUX CIRCLE  
PENSACOLA, FL 32504

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
PEERCE, RICK B  
2501 E. BELL RD  
PHOENIX, AZ 85032

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000645727  
03/05/07-80018-020 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Michael Carro

2-19-07

850-484-9296

Date

Daytime Phone #