

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90031 031 ****50.00

DOCUMENT # L02000032102					
1. Entity Name ARTISIAN GLASS ETCHERS, LLC					
Principal Place of Business 6998 SE SLEEPY Hollow Lane WEST PALM BEACH, FL 33404 US STUART, FL 34997			Mailing Address 7655 ENTERPRISE DRIVE PO BOX 939 WEST PALM BEACH, FL 33404 US		
2. Principal Place of Business 6998 SE SLEEPY Hollow Lane			3. Mailing Address PO BOX 939		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State STUART FLORIDA			City & State PORT SALENO FLORIDA		
Zip 34997		Country USA		Zip 34992	
Country USA		4. FEI Number 01-0758109			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent PARKER, BRUCE D 6998 SE SLEEPY HOLLOW LANE STUART, FL 34997			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent's signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS /CHANGES		
TITLE MGR NAME PARKER, BRUCE D STREET ADDRESS 6998 SE SLEEPY HOLLOW LANE CITY-ST-ZIP STUART, FL 34997	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGR NAME PERKINS, ANTHONY STREET ADDRESS 1431 SORRENTO DR CITY-ST-ZIP WESTON, FL 33326	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGRM NAME PARKER, SUE A STREET ADDRESS 6998 SE SLEEPY HOLLOW LANE CITY-ST-ZIP STUART, FL 34997	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	
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	
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: <u>Bruce Parker</u> BRUCE PARKER MGR 4-21-05 772 419-0092					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					