


FILED
Mar 03, 2005 8:00 am
Secretary of State

03-03-2005 90028 018 ****50.00

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L03000000821			
1. Entity Name GALERIE D'ART NADER, LLC			
Principal Place of Business 1911 PONCE DE LEON BLVD. CORAL GABLES, FL 33134		Mailing Address 1911 PONCE DE LEON BLVD. CORAL GABLES, FL 33134	
DO NOT WRITE IN THIS SPACE			
		01142005No Chg-LLC CR2E083 (10/03)	
		4. FEI Number 41-2073726	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent NADER, MYRIAM F 1911 PONCE DE LEON BLVD. CORAL GABLES, FL 33134		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 <u><i>Myriam Nader</i></u> <u>2/28/05</u> DATE <small>(NOTE: Registered Agent Signature required when reappointing)</small>			
Filing Fee is \$50.00 Due by May 1, 2005			
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NADER, MYRIAM 1911 PONCE DE LEON BLVD. CORAL GABLES, FL 33134		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NADER, JOHN 1911 PONCE DE LEON BLVD. CORAL GABLES, FL 33134		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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><i>John Nader</i></u> <u>1/19/05</u> <u>305.444.1740</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>			