


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90186 050 ****50.00

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|---|---|--|--|---|--|
| DOCUMENT # L03000019138 1. Entity Name ARTISTIC PROPERTIES LLC | | | |  | |
| Principal Place of Business 1910 SOUTH ORANGE BLOSSOM TRAIL APOPKA, FL 32703 | | | | Mailing Address 1910 SOUTH ORANGE BLOSSOM TRAIL APOPKA, FL 32703 | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address 53 S. HAWTHORNE AV Suite, Apt. #, etc. | | | |
| City & State | | City & State APOPKA, FL | | 4. FEI Number 55-0835358 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| Zip 32703 | | Country ORANGE | | 01212004 Chg-LLC CR2E083 (10/03) | |
| 6. Name and Address of Current Registered Agent WILLIAM N. ASMA, P.A. 886 SOUTH DILLARD STREET WINTER GARDEN, FL 34787 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div> | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2004 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | | 10. ADDITIONS/CHANGES | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR SUGGS, BILLY M 1910 SOUTH ORANGE BLOSSOM TRAIL APOPKA, FL 32703 | | | <input type="checkbox"/> Delete | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR GRADEN, LINDA E 1910 SOUTH ORANGE BLOSSOM TRAIL APOPKA, FL 32703 | | | <input type="checkbox"/> Delete | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | <input type="checkbox"/> Delete | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | <input type="checkbox"/> Delete | |
| 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: <i>Linda E. Graden</i> | | | | 4/16/04 407-880-8100 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small> | | | | | |