

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000019138

Entity Name: ARTISTIC PROPERTIES LLC

FILED
Jan 06, 2005
Secretary of State

Current Principal Place of Business:

1910 SOUTH ORANGE BLOSSOM TRAIL
APOPKA, FL 32703

New Principal Place of Business:

53 S. HAWTHORNE AVE.
APOPKA, FL 32703

Current Mailing Address:

53 S HAWTHORNE AVE
APOPKA, FL 32703

New Mailing Address:

FEI Number: 55-0835358

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAM N. ASMA, P.A.
886 SOUTH DILLARD STREET
WINTER GARDEN, FL 34787 US

Name and Address of New Registered Agent:

GRADEN, LINDA E MGR
422 KENTUCKY BLUE CIRCLE
APOPKA, FL 32712 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: LINDA E. GRADEN

01/06/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: SUGGS, BILLY M
Address: 1910 SOUTH ORANGE BLOSSOM TRAIL
City-St-Zip: APOPKA, FL 32703

Title: MGR () Delete
Name: GRADEN, LINDA E
Address: 1910 SOUTH ORANGE BLOSSOM TRAIL
City-St-Zip: APOPKA, FL 32703

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SUGGS, BILLY M
Address: 53 S. HAWTHORNE AVE
City-St-Zip: APOPKA, FL 32703

Title: MGR (X) Change () Addition
Name: GRADEN, LINDA E
Address: 53 S. HAWTHORNE AVE
City-St-Zip: APOPKA, FL 32703

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: LINDA E. GRADEN

MGR

01/06/2005

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