


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000019138 1. Entity Name ARTISTIC PROPERTIES LLC	
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Principal Place of Business 53 S. HAWTHORNE AVE. APOPKA, FL 32703	Mailing Address 53 S HAWTHORNE AVE APOPKA, FL 32703
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04192006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 55-0835358	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 GRADEN, LINDA E MGR 422 KENTUCKY BLUE CIRCLE APOPKA, FL 32712
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**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, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SUGGS, BILLY M 53 S. HAWTHORNE AVE APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRADEN, LINDA E 53 S. HAWTHORNE AVE APOPKA, FL 32703
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IN THIS SPACE**

05/06/06-80081-005 \$50.00

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: *Linda E. Graden* **4/24/06** **407-880-8100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #