

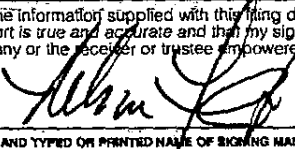


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000022131</b>		
1. Entity Name PRO ARTS BUILDING, LLC		
Principal Place of Business 2401 WEST BAY DRIVE SUITE 421 LARGO, FL 33770	Mailing Address 2401 WEST BAY DRIVE SUITE 421 LARGO, FL 33770	
		
01142005No Chg-LLC CR2E083 (10/03)		
4. FEI Number 65-1191084		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		
PLATTE, DAVID E 603 INDIAN ROCKS ROAD BELLEAIR, FL 33756		
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 rechartering)</small> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2005		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FEELEY, WILLIAM L 2401 WEST BAY DRIVE SUITE 421 LARGO, FL 33770	UN0000344064 04/29/05-80121-010 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  NELSON P. SMITH - AGENT		4/27/05 727-581-2200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #