

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 19, 2004 8:00 am
Secretary of State

05-10-2004 90011 050 ****50.00

DOCUMENT # L03000023858			
1. Entity Name ARTISTIC ASSETS, LLC			
Principal Place of Business 105 N.E. 7TH STREET DELRAY BEACH, FL 33444		Mailing Address 105 N.E. 7TH STREET DELRAY BEACH, FL 33444	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 61-154904		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		55.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION COMPANY OF MIAMI 201 SO. BISCAYNE BLVD. 1500 MIAMI CENTER MIAMI, FL 33131		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		FL Zip Code	
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 _____ DATE _____			
Filing Fee is \$60.00 Due by September 8, 2004		State check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OPERATING Manager Kathleen Crocker 105 NE 7th Street Delray Beach FL 33444	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE President/Secretary
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER Kathleen Crocker 105 NE 7th Street Delray Beach FL 33444	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER James Renberg NE 7th St. Delray Beach FL 33444	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President/Treasurer
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER Thomas Atkinson NE 7th Street Delray Beach FL 33444	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER William J. Crocker Estate Per. of Thomas J. Crocker 5000 Drive-Hialeah FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HELEN CROCKER 105 NE 7th Street Delray Beach FL 33444	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President
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 606, Florida Statutes.			
SIGNATURE: JAMES Renberg		Date: 5-5-04 761-302-1033	

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05082004 Chg-LLC CR2E083 (10/03)

61-154904

5. Certificate of Status Desired ☐ 55.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION COMPANY OF MIAMI
201 SO. BISCAYNE BLVD.
1500 MIAMI CENTER
MIAMI, FL 33131

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 fee if applicable

ONCE: Registered Agent signature required when changing

DATE

Filing Fee is \$60.00
Due by September 8, 2004

State check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
OPERATING Manager
Kathleen Crocker
105 NE 7th Street
Delray Beach FL 33444

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MEMBER
Kathleen Crocker
105 NE 7th Street
Delray Beach FL 33444

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MEMBER
James Renberg
NE 7th St.
Delray Beach FL 33444

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MEMBER
Thomas Atkinson
NE 7th Street
Delray Beach FL 33444

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MEMBER
William J. Crocker Estate
Per. of Thomas J. Crocker
5000 Drive-Hialeah FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
HELEN CROCKER
105 NE 7th Street
Delray Beach FL 33444

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President/Secretary

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice-President/Treasurer

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice-President

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice-President

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice-President

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SIGNATURE: **JAMES Renberg**

Date: **5-5-04**

761-302-1033

Signature and typed or printed name of person signing statement, manager, or authorized representative

Date

Examine Form 9