

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 02, 2004 8:00 am**  
**Secretary of State**

02-02-2004 90209 029 \*\*\*\*50.00

<b>DOCUMENT # L03000028620</b>											
<b>1. Entity Name</b> THOU ART MINE, LLC											
<b>Principal Place of Business</b> 7370 S.W. 156TH STREET MIAMI, FL 33157			<b>Mailing Address</b> 7370 S.W. 156TH STREET MIAMI, FL 33157								
<b>2. Principal Place of Business</b> SAME		<b>3. Mailing Address</b> SAME									
Suite, Apt. #, etc.		Suite, Apt. #, etc.									
<b>City &amp; State</b>		<b>City &amp; State</b>									
<b>Zip</b>	<b>Country</b>	<b>Zip</b>	<b>Country</b>								
<b>6. Name and Address of Current Registered Agent</b>  HUSSON, MICHAEL J 7370 S.W. 156TH STREET MIAMI, FL 33157				<b>7. Name and Address of New Registered Agent</b>  Name: SAME Street Address (P.O. Box Number is Not Acceptable):  City: FL Zip Code:							
<b>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.</b>  <table style="width:100%;"> <tr> <td style="width:30%;">SIGNATURE: </td> <td style="width:40%; text-align: center;">MICHAEL J. HUSSON</td> <td style="width:30%; text-align: right;">DATE: 1/22/04</td> </tr> <tr> <td colspan="3" style="font-size: small;">                     Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)                 </td> </tr> </table>						SIGNATURE:	MICHAEL J. HUSSON	DATE: 1/22/04	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		
SIGNATURE:	MICHAEL J. HUSSON	DATE: 1/22/04									
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)											
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>			<b>Make check payable to Florida Department of State</b>								
<b>9. MANAGING MEMBERS / MANAGERS</b>				<b>10. ADDITIONS / CHANGES</b>							
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition							
NAME	HUSSON, MICHAEL J		NAME								
STREET ADDRESS	7370 S.W. 156TH STREET		STREET ADDRESS								
CITY-ST-ZIP	MIAMI, FL 33157		CITY-ST-ZIP								
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition							
NAME			NAME								
STREET ADDRESS			STREET ADDRESS								
CITY-ST-ZIP			CITY-ST-ZIP								
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition							
NAME			NAME								
STREET ADDRESS			STREET ADDRESS								
CITY-ST-ZIP			CITY-ST-ZIP								
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition							
NAME			NAME								
STREET ADDRESS			STREET ADDRESS								
CITY-ST-ZIP			CITY-ST-ZIP								
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition							
NAME			NAME								
STREET ADDRESS			STREET ADDRESS								
CITY-ST-ZIP			CITY-ST-ZIP								
<b>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.</b>											
<b>SIGNATURE:</b>			MICHAEL J. HUSSON 1/22/04 305-389-4444								
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #								