2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2004 8:00 am
Secretary of State
01-30-2004 90001 014 ****50.00

DOCUMENT # L03000028655

1. Entity Name
FORT KNOX FINE ART SERVICES & STORAGE CO, LLC

Principal Place of Business	Mailing Address
5080 ALENCIA COURT DELRAY BEACH, FL 33484	5080 ALENCIA COURT DELRAY BEACH, FL 33484

2. Principal Place of Business	3. Mailing Address
1016 CLARE AVE	1016 CLARE AVE
Suite, Apt. #, etc. BUILDING 5	Suite, Apt. #, etc. BUILDING 5
City & State West Palm Beach FL	City & State WEST PALM BEACH FL
Zip 33401 Country USA	Zip 33401 Country USA

01222004 Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1200156 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SCHULTZ, AMY E 700 NORTH OLIVE AVE WEST PALM BEACH, FL 33401	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGING MEMBER ROBERT L STARETZ 5080 ALENCIA CT DELRAY BEACH FL 33484 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGING MEMBER JAMES BOCCOCK 2367 NW 25TH CT BOCA RATON FL 33434 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGING MEMBER IRA ROSENBERG 3633 CARLTON PL BOCA RATON FL 33496 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGING MEMBER TYLER TOWNSEND 700 NE 5TH AVE POMPANO BEACH FL 33060 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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.

SIGNATURE: A SCHULTZ AUTHORIZED REP 1/26/04 561 659 1183
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #