


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 01, 2004 8:00 am
Secretary of State

04-01-2004 90220 003 ****50.00

DOCUMENT # L03000029756	
1. Entity Name ARTISTIC ASSETS II, LLC	

24032340

Principal Place of Business 105 NORTHEAST 7TH STREET DELRAY BEACH, FL 33444	Mailing Address 105 NORTHEAST 7TH STREET DELRAY BEACH, FL 33444
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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03262004 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145	
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4. FEI Number 02-0702369	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 \$50.00 Due by May 1, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CROCKER, KATHLEEN 105 NORTHEAST 7TH STREET DELRAY BEACH, FL 33444 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Paul Viviano 2563 Parkway Court Shelby Twp, MI 48316 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CROCKER, HELEN A 105 NORTHEAST 7TH STREET DELRAY BEACH, FL 33444 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Charles A. Wentworth 5232 East Broadway #387 MT. Pleasant, MI 48858 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ATKINSON, THOMAS 105 NORTHEAST 7TH STREET DELRAY BEACH, FL 33444 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST RENNBERG, JAMES A 105 NORTHEAST 7TH STREET DELRAY BEACH, FL 33444 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Paul Viviano - Paul Viviano</u>	3/27/04 (586) 531-4277
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date Daytime Phone #