

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 03, 2005 8:00 am**  
**Secretary of State**

02-03-2005 90111 028 \*\*\*\*50.00

<b>DOCUMENT # L03000029756</b>					
<b>1. Entity Name</b> ARTISTIC ASSETS II, LLC					
<b>Principal Place of Business</b> 105 NORTHEAST 7TH STREET DELRAY BEACH, FL 33444			<b>Mailing Address</b> 105 NORTHEAST 7TH STREET DELRAY BEACH, FL 33444		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01242005    Chg-LLC    CR2E083 (10/03)	
<b>4. FEI Number</b> 02-0702369				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145			Name <u>James A. Renberg</u> Street Address (P.O. Box Number is Not Acceptable) <u>17 Northeast 7th Street</u> City <u>Delray Beach</u> <u>FL</u> Zip Code <u>33444</u>		
<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>					
SIGNATURE <u>James A. Renberg</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<u>James A. Renberg</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		<u>1/29/05</u> <small>DATE</small>	
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		-		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
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	<input type="checkbox"/> Change <input 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	<input type="checkbox"/> Change <input 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 RENBURG, 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	MGR VIVIANO, PAUL 2563 PARKWAY COURT SHELBY TWP, MI 48316	<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	MGR WENTWORTH, CHARLES A 5232 EAST BROADWAY #387 MOUNT PLEASANT, MI 48858	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<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>					
SIGNATURE: <u>Paul Viviano</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<u>Paul Viviano</u>		<u>1/29/05</u> <u>586-822-8086</u> <small>Date    Daytime Phone #</small>	