2004 LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT # L03000034415

FILED
Aug 03, 2004 8:00 am
Secretary of State

1. Entity Name LONGBOAT FRAMING GALLERIE, LLC				08-03-2004 90105 035 ****50.00			
1605 MAIN Suite 912	ce of Business STREET FL 34236 US	Mailing Address 1605 Main Street Suite 912 Sarasota, FL 34236	6 US	# (BEN) BAN ON ARIOR MAN OR MAN OR MAN	A SALES HIN EVEN BITCH VIEW IN	HERA DI HETI	
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07222004 Chg-LLC	CR2E083 (10/03)		
City & State		City & State		4. FEI Number 43 2030186	 	oplied For ot Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	S5.00 Add		
	6. Name and Address of Curre	nt Registered Agent		7. Name and Address of New R	egistered Agent		
			Name				
SCOVILL, HAROLD W 1605 MAIN STREET			Street Addre	Street Address (P.O. Box Number is Not Acceptable)			
SUITE 912 SARASOTA, FL 34236							
}			City		FL Zip Cod	le	
8. The above	named entity submits this statement	ToPA Purpose of changing it	s registered office or regi	istered agent, or both, in the State of Flo	rida. I am familiar with,	and accept	
the obliga	tions of registered agent.						
SIGNATURE			<u></u>			-	
-	Signature, typed or printed name of registered age	ли въстин и аррисама. (NO)	YE: Registered Agent algusture req	luited when reinstating)	DATE		
Fi	ling Fee is \$50.00			Mak	e check payable to		
Due	ling fiee is \$50.00 by September 8, 2004				Department of Stat		
	1					2.3	
9.	.1	BERS/MANAGERS	10.	ADDITIONS/			
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	6832 GULF OF MEXICO DR. LQNGBOAT KEY, FL 34228		NAME STREET ADDRESS CITY-ST-ZIP		∐. Change	Addition	
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	LONGBOAT KEY, FL 34228	☐ Delete	STREET ADDRESS CATY-ST-ZIP		☐ Change	Addition	
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indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under cett; 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.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date Daytime Phone 4	
SIGNATURE: 1/25/	104 941 383 8914	C