

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 23, 2005 8:00 am
Secretary of State

05-23-2005 90377 013 ****50.00

DOCUMENT # L03000034415 1. Entity Name LONGBOAT FRAMING GALLERIE, LLC																											
Principal Place of Business 1605 MAIN STREET SUITE 912 SARASOTA, FL 34236 US		Mailing Address 1605 MAIN STREET SUITE 912 SARASOTA, FL 34236 US																									
2. Principal Place of Business 6824 Gulf of Mexico Dr		3. Mailing Address 6824 Gulf of Mexico Dr																									
Suite, Apt. #, etc. Longboat Key, FL		Suite, Apt. #, etc. Longboat Key, FL																									
City & State Longboat Key, FL		City & State Longboat Key, FL																									
Zip 34228		Zip 34228																									
Country Manatee		Country Manatee																									
4. FEI Number 43-2030186		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		05122005 Chg-LLC CR2E083 (10/03)																									
6. Name and Address of Current Registered Agent SCOVILL, HAROLD W 1605 MAIN STREET SUITE 912 SARASOTA, FL 34236		7. Name and Address of New Registered Agent Name Phillip C Slaymaker Street Address (P.O. Box Number is Not Acceptable) 6824 Gulf of Mexico Dr. City Longboat Key FL Zip Code 34228																									
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 <i>Phillip C Slaymaker</i> DATE 5-18-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>																											
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State																									
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">MGR</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SLAYMAKER, PHILLIP</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6832 GULF OF MEXICO DR.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LONGBOAT KEY, FL 34228</td> <td></td> </tr> </table>		TITLE	MGR	<input type="checkbox"/> Delete	NAME	SLAYMAKER, PHILLIP		STREET ADDRESS	6832 GULF OF MEXICO DR.		CITY-ST-ZIP	LONGBOAT KEY, FL 34228		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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: <i>Phillip C Slaymaker</i> DATE 5-18-05 441 553 8914 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																											