

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90072 009 \*\*\*\*\*50.00

**DOCUMENT # L03000043142**

1. Entity Name  
**COUNCILL FINE ART STUDIO, LLC**



Principal Place of Business

~~820 NE 2ND STREET~~  
~~DELRAY BEACH, FL 33483~~

Mailing Address

~~820 NE 2ND STREET~~  
~~DELRAY BEACH, FL 33483~~

2. Principal Place of Business

**2456 N.E. 26TH TERRACE**

3. Mailing Address

**2456 N.E. 26TH TERR.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**FT. LAUDERDALE, FL**

City & State

**FT. LAUDERDALE, FL.**

Zip

**33305**

Country

**U.S.A**

Zip

**33305**

Country

**U.S.A**

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

04262004 Chg-LLC CR2E083 (10/03)



6. Name and Address of Current Registered Agent

**COUNCILL, BRENDA M**  
~~820 N.E. 2ND STREET~~ **2456 N.E. 26TH TERRACE -**  
~~DELRAY BEACH, FL 33483~~ **FT. LAUDERDALE, FL 33305**

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00**  
**Due by May 1, 2004**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM**  
**COUNCILL, BRENDA M**  
**820 N.E. 2ND STREET**  
**DELRAY BEACH, FL 33483** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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

*[Signature]* **OWNER/SOLE PROPRIETOR**