


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90021 012 ****50.00

DOCUMENT # L03000043142		
1. Entity Name COUNCILL FINE ART STUDIO, LLC		

Principal Place of Business 2456 N.E. 26TH TERRACE FORT LAUDERDALE, FL 33305 US	Mailing Address 2456 N.E. 26TH TERRACE FORT LAUDERDALE, FL 33305 US
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2. Principal Place of Business 3001 PADDLEBOAT LN	3. Mailing Address 3001 PADDLEBOAT LN
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State JACKSONVILLE FL	City & State JACKSONVILLE FL
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Zip 32223	Country U.S.A	Zip 32223	Country U.S.A
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6. Name and Address of Current Registered Agent COUNCILL, BRENDA M 2456 N.E. 26TH TERRACE FORT LAUDERDALE, FL 33305		7. Name and Address of New Registered Agent Name BRENDA M. COUNCILL Street Address (P.O. Box Number is Not Acceptable) 3001 PADDLEBOAT LN. City JACKSONVILLE FL Zip Code 32223	
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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 *Brenda M. Councill* (NOTE: Registered Agent signature required when reinstating) DATE 4/6/05

**Filing Fee is \$50.00
Due by May 1, 2005**

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM COUNCILL, BRENDA M 820 N.E. 2ND STREET DEERAY BEACH, FL 33483 <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	MGRM COUNCILL, BRENDA M 3001 PADDLEBOAT LANE JACKSONVILLE, FL 32223 <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
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 *[Signature]* DATE 4/06/05