2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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FILED
Feb 23, 2004 8:00 am
Secretary of State
02-04-2004 90232 026 ****55.00

DOCUMENT # L03000044148

1. Entity Name
ART ELITE, L.L.C.

Principal Place of Business	Mailing Address
LOT #10 SAFARI PINES VERO BEACH FL 32966	LOT #10 SAFARI PINES VERO BEACH FL 32966

MOORE CR2E083 (11/03)

2. Principal Place of Business	3. Mailing Address
#10 Safari Pines	#10 Safari Pines
Suite, Apt. #, etc. (#10)	Suite, Apt. #, etc.
City & State: Vero Beach Florida	City & State: Vero Beach FL.
Zip: 32966 Country: Indian River	Zip: 32966 Country: Indian River

4. FEI Number #11-3709246 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BROWN, E. ROLLINS II, ESQ
3333 20TH ST.
VERO BEACH FL 32960

7. Name and Address of New Registered Agent

Name: DONNA FAYE BRYAN
Street Address (P.O. Box Number is Not Acceptable): #10 Safari Pines
City: Vero Beach FL Zip Code: 32966

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: Donna F. Bryan, Owner DATE: 1-27-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9.	MANAGING MEMBERS/MANAGERS		10.	ADDITIONS/CHANGES	
TITLE	MANAGER	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	DONNA FAYE BRYAN		NAME		
STREET ADDRESS	#10 Safari Pines		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL 32966		CITY-ST-ZIP		
TITLE	FL 32966 [illegible]	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SOLE OWNER [illegible]		NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: Donna F. Bryan DONNA F. BRYAN 1-27-04 (772)564-0118
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #