


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90080 034 ****55.00

| | |
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| DOCUMENT # L03000044148 |  |
| 1. Entity Name ART ELITE, L.L.C. | |

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| Principal Place of Business #10 SAFARI PINES (#10) VERO BEACH FL 32966 US | Mailing Address #10 SAFARI PINES VERO BEACH FL 32966 US |
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|---|------------------------------|
| 2. Principal Place of Business 1836 19th AVE | 3. Mailing Address ← SAME |
| Suite, Apt. #, etc. #2 | Suite, Apt. #, etc. |

1st MOORE CR2E083 (10/04)

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|-------------------------------|-------------------------------|
| City & State VERO BEACH FL | City & State FL |
| Zip 32960 | Country INDIAN RIVER 32960 |

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|-----------------------------|-------------------------------|
| 4. FEI Number 11-3709246 | Applied For Not Applicable |
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| 5. Certificate of Status Desired | <input checked="" type="checkbox"/> \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent BRYAN, DONNA FAYE #10 SAFARI PINES VERO BEACH FL 32966 | |
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| 7. Name and Address of New Registered Agent Name NONE Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
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| 8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | |
| SIGNATURE <i>Donna S. Bryan</i> <small>Signature, typed or printed name of registered agent and title if applicable</small> | DATE 4-27-05 <small>(NOTE: Registered Agent signature required when reinstating)</small> |

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR BRYAN, DONNA FAYE #10 SAFARI PINES VERO BEACH FL 32966 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 10. ADDITIONS/CHANGES | |
|--|---|
| 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"/> Change <input type="checkbox"/> Addition |
| 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"/> Change <input type="checkbox"/> Addition |
| 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"/> 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.

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|--|---------------------|--------------------------------|
| SIGNATURE: <i>Donna S. Bryan</i> | DATE: 4-27-05 | DAYTIME PHONE: 772-564-0118 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | <small>Date</small> | <small>Daytime Phone #</small> |