

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

DOCUMENT # L03000044148

1. Entity Name

ART ELITE, LLC.



**FILED
Mar 10, 2006 8:00 am
Secretary of State**

03-10-2006 90132 047 ****55.00



1st MOORE CR2E083 (10/05)

Principal Place of Business 1836 19TH AVE #2 VERO BEACH FL 32960 US		Mailing Address 1836 19TH AVE #2 VERO BEACH FL 32960 US	
2. Principal Place of Business 1836 19TH Ave		3. Mailing Address Suite, Apt. #, etc. #2	
City & State VERO BEACH, FL 32960		City & State	
Zip 32960	Country Indian River	Zip 32960	Country Indian River
6. Name and Address of Current Registered Agent BRYAN, DONNA FAYE #10 SAFARI PINES VERO BEACH FL 32966			
7. Name and Address of New Registered Agent Name BRYAN, DONNA FAYE Street Address (P.O. Box Number is Not Acceptable) 1836 19TH AVE. #2 City VERO BEACH FL Zip Code 32960			
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

(NOTE: Registered Agent signature required when re-insulating)

3-1-06

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRYAN, DONNA FAYE #10 SAFARI PINES 1836 19TH AVE. #2 VERO BEACH FL 32966 VERO BEACH, FL 32960	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRYAN, DONNA FAYE 1836 19TH AVE. #2 VERO BEACH, FL 32960
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
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3-1-06 772-5764-018

Date Daytime Phone #