


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

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

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

Principal Place of Business 1836 19TH AVE #2 VERO BEACH FL 32960 US	Mailing Address 1836 19TH AVE #2 VERO BEACH FL 32960 US
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2. Principal Place of Business 1836 19TH AVE	3. Mailing Address
Suite, Apt. #, etc. #2	Suite, Apt. #, etc.

City & State VERO BEACH, FL 32960	City & State
Zip 32960	Country Indian River

4. FEI Number 11-3709246		Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		Not Applicable

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 BRYAN, DONNA FAYE	
Street Address (P.O. Box Number is Not Acceptable) 1836 19TH AVE. #2	
City VERO BEACH	Zip Code FL 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* DATE **3-1-06**

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, 2006
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9. MANAGING MEMBERS/MANAGERS	
TITLE MGR	<input checked="" type="checkbox"/> Delete
NAME BRYAN, DONNA FAYE	
STREET ADDRESS #10 SAFARI PINES 1836 19TH AVE #2	
CITY-ST-ZIP VERO BEACH FL 32966	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BRYAN, DONNA FAYE	
STREET ADDRESS 1836 19TH AVE. #2	
CITY-ST-ZIP VERO BEACH, FL 32960	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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* DATE **3-1-06** DAYTIME PHONE # **772-564-0118**

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