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	Mailing Address
1836 19TH AVE #2 VERO BEACH FL 32960 US	1836 19TH AVE #2 VERO BEACH FL 32960 US

2. Principal Place of Business	3. Mailing Address
1836 19TH Ave	
Suite, Apt. #, etc.: #2	Suite, Apt. #, etc.:
City & State: VERO BEACH, FL 32960	City & State:
Zip: 32960 Country: Indian River	Zip: 32960 Country: Indian River

1st MOORE CR2E083 (10/05)

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	7. Name and Address of New Registered Agent
BRYAN, DONNA FAYE ~~#10 SAFARI PINES~~ VERO BEACH FL 32966	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 — 3-1-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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	MGR ☑ Delete	TITLE	MGR ☑ Change ☐ Addition
NAME	BRYAN, DONNA FAYE	NAME	BRYAN, DONNA FAYE
STREET ADDRESS	~~#10 SAFARI PINES~~ 1836 19TH AVE #2	STREET ADDRESS	1836 19TH Ave, #2
CITY-ST-ZIP	VERO BEACH FL 32966 VERO BEACH, FL 32960	CITY-ST-ZIP	VERO BEACH, FL 32960
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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 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 — 3-1-06 — 772-564-0118
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #