

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90292 009 ****50.00

DOCUMENT # L03000044318 1. Entity Name: LURIE FINE ART GALLERIES, LLC	
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Principal Place of Business 608 BANYAN TRAIL UNIT 115 BOCA RATON, FL 33431	Mailing Address 608 BANYAN TRAIL UNIT 115 BOCA RATON, FL 33431
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DO NOT WRITE IN THIS SPACE



01072005No Chg-LLC

CR2E083 (10/03)

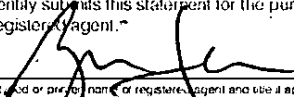
4. FEI Number 20-0766401	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LURIE, BRUCE D
608 BANYAN TRAIL
UNIT 115
BOCA RATON, FL 33431

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IN THIS SPACE**

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:  DATE: 3/24/05

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

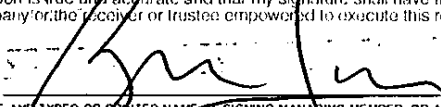
**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM LURIE, BRUCE D 1228 NE 5TH STREET, APT 4 DELRAY BEACH, FL 33483
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM LURIE, EVAN PO BOX 480684 LOS ANGELES, CA 90048
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:  DATE: 3/23/05 DAYTIME PHONE: 561-279-7766

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