2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State
03-28-2005 90292 009 ****50.00

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1. Entity Name
LURIE FINE ART GALLERIES, LLC

Principal Place of Business	Mailing Address
608 BANYAN TRAIL UNIT 115 BOCA RATON, FL 33431	608 BANYAN TRAIL UNIT 115 BOCA RATON, FL 33431

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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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 _____ 3/24/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	LURIE, BRUCE D
STREET ADDRESS	1288 NE 6TH STREET APT 4 608 Banyan Trail #115
CITY-ST-ZIP	DELRAY BEACH FL 33483 Boca Raton, FL 33431
TITLE	MGRM
NAME	LURIE, EVAN
STREET ADDRESS	PO BOX 480684
CITY-ST-ZIP	LOS ANGELES, CA 90048
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-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)(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.

SIGNATURE: _____ 3/23/05 5612797766
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #