

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**Apr 01, 2005 8:00 am**  
**Secretary of State**

04-01-2005 90157 033 \*\*\*\*55.00



**DOCUMENT # L03000049440**

1. Entity Name

**ROBERT STALVEY FINE ART, LLC**

Principal Place of Business  
**3155 WEDGEWOOD BLVD.  
 DELRAY BEACH FL 33445**

Mailing Address  
**3155 WEDGEWOOD BLVD.  
 DELRAY BEACH FL 33445**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE CR2E083 (10/04)

4. FEI Number  
**81-0648539**

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

**FORMAN, ROBERT S ESQ.  
 2101 WEST COMMERCIAL BLVD., SUITE 4100  
 FT. LAUDERDALE FL 33309**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

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, 2005**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM**  Delete  
 NAME **STALVEY, ROBERT**  
 STREET ADDRESS **3155 WEDGEWOOD BLVD.**  
 CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE **MGRM**  Change  Addition  
 NAME **STALVEY II, ROBERT**  
 STREET ADDRESS **3155 WEDGEWOOD BLVD.**  
 CITY-ST-ZIP **DELRAY BEACH, FL. 33445**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:** *Robert C. Stalvey II*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**3/28/05** (561) 865-8575  
 Date Daytime Phone #