

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 04, 2008 8:00 am**  
**Secretary of State**

03-04-2008 90103 001 \*\*\*138.75

<b>DOCUMENT # L04000000615</b>					
<b>1. Entity Name</b> GALLERY ART CONDOMINIUM, LLC					
<b>Principal Place of Business</b> 4535 PONCE DE LEON BLVD. CORAL GABLES, FL 33146			<b>Mailing Address</b> 4535 PONCE DE LEON BLVD. CORAL GABLES, FL 33146		
<b>2. Principal Place of Business - No P.O. Box #</b> 1790 Coral Way		<b>3. Mailing Address</b> Suite, Apt. #, etc.			
Suite, Apt. #, etc. Suite # 101		Suite, Apt. #, etc.			
<b>City &amp; State</b> Miami, FL		<b>City &amp; State</b>			
<b>Zip</b> 33145		<b>Country</b> USA		<b>4. FEI Number</b> 90-0131930	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  PADRON, CARLOS E 2 ALHAMBRA PLAZA, SUITE 860 CORAL GABLES, FL 33134			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ARTIST HOLDINGS, LLC. 4535 PONCE DE LEON BLVD. CORAL GABLES, FL 33146	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1790 Coral Way, Suite 101 Miami, FL 33145	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.</b>					
<b>SIGNATURE:</b> _____ <span style="float: right;">Date <u>2/22/08</u> Daytime Phone # _____</span>					