

2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 AUG 29 AM 11:05

DOCUMENT # L04000001888 1. Entity Name ART EXPRESSIONS LLC					
Principal Place of Business 1406 HIGHLAND AVENUE MELBOURNE, FL 32935			Mailing Address 1406 HIGHLAND AVENUE MELBOURNE, FL 32935		
2. Principal Place of Business 1404 HIGHLAND AVE. Suite, Apt. #, etc.		3. Mailing Address 1404 HIGHLAND AVE. Suite, Apt. #, etc.			
City & State MELBOURNE, FL Zip 32935 Country USA		City & State MELBOURNE, FL Zip 32935 Country USA		4. FEI Number 61-1471098	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input checked="" type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CONNEN, JOSEPH L JR 1406 HIGHLAND AVENUE MELBOURNE, FL 32935			7. Name and Address of New Registered Agent Name Jody A. Carter Street Address (P.O. Box Number is Not Acceptable) 1404 HIGHLAND AVE City MELBOURNE FL Zip Code 32935		
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 Jody A. Carter DATE 8/25/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NCE: Registered Agent signature required when reinstating)</small>					
Amended AR is \$50.00			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CONNEN, JOSEPH L JR 1406 HIGHLAND AVENUE MELBOURNE, FL 32935	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JODY A. CARTER 1404 HIGHLAND AVE. MELBOURNE, FL 32935	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CONNEN, MARI M 1406 HIGHLAND AVENUE MELBOURNE, FL 32935	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200053611132 09/14/05--01027-017 ***55.00	
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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: Jody A. Carter <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			8/25/05 (321) 259-1492 <small>Date Daytime Phone #</small>		