

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # L04000003667

1. Entity Name
ART BY DIAZ L.L.C.



Principal Place of Business
2250 NE 3RD WAY
BOCA RATON, FL 33431

Mailing Address
2250 NE 3RD WAY
BOCA RATON, FL 33431



04282007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DIAZ, DOUGLAS A
2250 NE 3RD WAY
BOCA RATON, FL 33431

**DO NOT WRITE
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

Douglas A. Diaz
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/28/07
DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	DIAZ, DOUGLAS
STREET ADDRESS	2250 NE 3RD WAY
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	MGRM
NAME	DE JESUS BERNIS, MARIANA
STREET ADDRESS	2250 NE 3RD WAY
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	MGR
NAME	DIAZ, MELINA
STREET ADDRESS	2250 NE 3RD WAY
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	MGR
NAME	DIAZ, JENNIFER
STREET ADDRESS	2250 NE 3RD WAY
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/17/07-80038-007 55.00

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

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

4/28/07 *561*
Date Daytime Phone #
674-2814