


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jul 14, 2005 8:00 am**  
**Secretary of State**

07-14-2005 90018 033 \*\*\*\*55.00

|   |   |
|---|---|
| <b>DOCUMENT # L04000013698</b>          |  |
| <b>1. Entity Name</b><br>SHARP ART, LLC |   |

|   |   |
|---|---|
| <b>Principal Place of Business</b><br>2110 CAPTAINS WALK<br>VERO BEACH FL 32963 | <b>Mailing Address</b><br>2110 CAPTAINS WALK<br>VERO BEACH FL 32963 |
|---|---|

|                                       |   |
|---------------------------------------|---|
| <b>2. Principal Place of Business</b> | <b>3. Mailing Address</b><br>595 Redwood Ct.  |
| Suite, Apt. #, etc.                   | Suite, Apt. #, etc.                           |
| <b>City &amp; State</b>               | <b>City &amp; State</b><br>Sebastian FL 32958 |
| <b>Zip</b>                            | <b>Country</b><br>USA                         |



1st MOORE CR2E083 (10/04)

|   |   |
|---|---|
| <b>4. FEI Number</b><br>506-92-8596   | <b>Applied For</b><br><input type="checkbox"/> Not Applicable |
| <b>5. Certificate of Status Desired</b><br><input checked="" type="checkbox"/> \$5.00 Additional Fee Required |   |

|  |   |
|--|---|
| <b>6. Name and Address of Current Registered Agent</b><br>CASALINO, GREGG M<br>3111 CARDINAL DR<br>VERO BEACH FL 32963 | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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** \_\_\_\_\_ (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                                     |  |
|---|--|---|--|
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>MGR</b><br>SHARP, BARBARA<br>2110 CAPTAINS WALK<br>VERO BEACH FL 32963<br><input type="checkbox"/> Delete | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>Change</b><br>595 Redwood Ct.<br>Sebastian FL 32958<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

**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:** *Barbara Sharp* **6-29-05** **772-589-0694**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #