

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

APPROVED
AND
FILED

05 MAY 11 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000014500

1. Entity Name
FINE ARTS FINANCIAL, LLC



Principal Place of Business
11511 ELLISON WILSON ROAD
NORTH PALM BEACH, FL 33408

Mailing Address
11511 ELLISON WILSON ROAD
NORTH PALM BEACH, FL 33408

2. Principal Place of Business
333 East 24th St
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 1043
Suite, Apt. #, etc.

City & State
Riviera Beach FL

City & State
Palm Beach FL

Zip 33404 Country

Zip 33480 Country



04282005 Chg-LLC CR2E083 (10/03) MRD

4. FEI Number ☐ Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
KENNEDY, PAUL ROGERS
11511 U.S. HIGHWAY ONE, SUITE 100
NORTH PALM BEACH, FL 33408

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
250 NE 12th Street
City Delray Beach FL Zip Code 33444

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 DATE

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAUL R. KENNEDY <input type="checkbox"/> Delete PO BOX 1043 PALM BEACH, FL 33480	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 4/29/05 561445428

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #