## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 24, 2006 8:00 am Secretary of State

DOCUMENT # L04000020402  1. Entity Name ART NOUVEAU LLC								04-24-2	006 90061 (	015 ****50	0.00
Principal Place 9330 LAGOO #304	N PLACE	2900W Sa	'#304 <i>2</i>	Mailing Address plo9330 LAGOON PLACE #304			W00	dfiel	d way -33073	f	
#304 FT. LAUDERD	E, F <b>L 3</b> 3324	Coa	nut	Cree		- かん ( S	2011) (1211) (1871) (18				
Pompano Bea.  2. Principal Place of Business			3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc	Suite, Apt. #, etc.				Chg-LLC	CR2E	083 (11/05)	
City & State			City & State	City & State			4. FEI Number Applied For 20-0894711 Not Applicable				
Zìp	,	Country	Zip	Cou	intry		5. Certificat	e of Status Des	sired 🗌	\$5.00 Add Fee Required	itional
	6. Name	and Address of Curren	t Registered Agent	1	N		7. Name an	d Address of	New Registered	i Agent	
CHEN, CHARLES 9330 LAGOON PLACE #304 FT. LANDERDALE, FL 33324  Coconut Creek, FL 32  City  Name  Name  Name  Name  Name  Coconut Creek, FL 32  City  FL Zip Code											
FI. LAUDE	ERDALE,	FL 33324 COC	mut Creek	E,FL3	City			<del></del>	F	Zip Code	9
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											
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE											
		is \$50.00 y 1, 2006						F	Make check Florida Departi		,
9.	HOD	MANAGING MEM		10		_		ADDIT	IONS/CHANGE	s	
TITLE NAME	MGR CHEN, Q		☐ Dele	. A	TLE	;				☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP		DON PLACE #304 DERDALE, FL 33324	5103 Woo		REET ADDRESS	- 	<b>ว</b>	h market	Mr. Charl	log Chan	1
TITLE NAME STREET ADDRESS	MGRM CHENG.		5/03 Was	te til	TLE TREET ADDRESS	550 1 W			5103 Wood Coconut Creek	field Way	Addition
CITY-ST-ZIP		ERDALE, FL 33324	Coconut	″ماسا	TY-ST-ZIE	330°	73			~ <del>-</del>	
TITLE NAME			☐ Dele		TLE IME	-	·			☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP				ST	REET ADDRESS						
TITLE			☐ Dele	te III	ILE					☐ Change	Addition
NAME Street address					TREET ADDRESS						
CITY-S1-ZIP					TY-ST-ZIP						
TITLE NAME			☐ Dele		TLE					☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP					REET ADDRESS TY-ST-ZIP						
TITLE			☐ Dele	te TII	TLE					Change	Addition
NAME Street address					REET ADDRESS						
CITY-ST-ZIP			AL at '- PI' 1-		TY-ST-ZIP		Ob - : :	. m - · · ·			
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 of truspee empowered to execute this report as required by Chapter 608, Florida Statutes.											
SIGNATURE: Comment of the state											
		AND TYPED OR PRINTED NAME	OF BIGNING MANAGING MEN	BER, MANAGER, O	OR AUTHORIZED	REPRESENT	TATIVE	Date		Daytime Phone #	