

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-24-2006 90061 015 \*\*\*\*50.00

<b>DOCUMENT # L04000020402</b> 1. Entity Name <b>ART NOUVEAU LLC</b>					
Principal Place of Business <del>9330 LAGOON PLACE #304</del> <del>FT. LAUDERDALE, FL 33324</del>		Mailing Address <b>2900 W Sample Road</b> <b>Pompano Beach, FL 33073</b>			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip      Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip      Country			
4012006    Chg-LLC    CR2E083 (11/05)		4. FEI Number <b>20-0894711</b>			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent <b>CHEN, CHARLES</b> <del>9330 LAGOON PLACE #304</del> <del>FT. LAUDERDALE, FL 33324</del>			7. Name and Address of New Registered Agent Name <b>5103 Woodfield Way</b> Street Address (P.O. Box Number is Not Acceptable) <b>Coconut Creek, FL 33073</b> City <b>FL</b> 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 _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHEN, CHARLES 9330 LAGOON PLACE #304 FT. LAUDERDALE, FL 33324		TITLE NAME STREET ADDRESS CITY-ST-ZIP	5103 Woodfield Way Coconut Creek, FL 33073	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHENG, LUBING 9330 LAGOON PLACE #304 FT. LAUDERDALE, FL 33324		TITLE NAME STREET ADDRESS CITY-ST-ZIP	5103 Woodfield Way Coconut Creek, FL 33073	
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	
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	
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.					
<b>SIGNATURE:</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #					