

FILED
May 31, 2005 8:00 am
Secretary of State

05-02-2005 90121 033 ****50.00

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000022339 1. Entity Name RON CHADBOURNE CUSTOM ARTWORKS LLC			
Principal Place of Business 613 TROY BLVD WEST PALM BEACH, FL 33409 US		Mailing Address 613 TROY BLVD WEST PALM BEACH, FL 33409 US	
2. Principal Place of Business 613 TROY BLVD 33409 Suite, Apt. #, etc.		3. Mailing Address 613 TROY BLVD WPB 33409 Suite, Apt. #, etc.	
City & State WEST PALM BEACH FL		City & State WEST PALM BEACH FL	
Zip 33409		Zip 33409	
Country FLA		Country FLA	
4. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CHADBOURNE, TAMMY M 613 TROY BLVD. WEST PALM BEACH, FL 33409		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 renewing)			
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 MGR NAME CHADBOURNE, RONALD D STREET ADDRESS 613 TROY BLVD. CITY-ST-ZIP WEST PALM BEACH, FL 33409	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME CHADBOURNE, TAMMY M STREET ADDRESS 613 TROY BLVD CITY-ST-ZIP WEST PALM BEACH, FL 33409	<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 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: <u>Ron Chadbourne</u>		Date: <u>ap 18 '05</u> 561-329-5436	