

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000027388

FILED
May 01, 2009
Secretary of State

Entity Name: MUSART ENTERPRISES LTD.CO.

Current Principal Place of Business:

2675 GREEN BELT YARD
SARASOTA, FL 34235

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 49801
SARASOTA, FL 34230

New Mailing Address:

FEI Number: 41-2140216 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

NESMITH, EARL G
2675 GREEN BELT YARD
SARASOTA, FL 34235 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: NESMITH, EARL G
Address: 2675 GREEN BELT YARD
City-St-Zip: SARASOTA, FL 34235

Title: MGRM () Delete
Name: BANDELE, ISHMAWIL
Address: 2147 STRAUSS ST. (APT. 1R)
City-St-Zip: BROOKLYN, NY 11212

Title: MGRM () Delete
Name: NESMITH, KANAYO A
Address: 2147 STRAUSS ST (APT. 1R)
City-St-Zip: BROOKLYN, NY 11212

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: EARL G. NESMITH

MM

05/01/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date