

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 13, 2005 8:00 am
Secretary of State

02-16-2005 90161 004 ****50.00

DOCUMENT # L04000031744

1. Entity Name
SCULPTURE WORKSHOP AND STUDIO, LLC



Principal Place of Business
**1021 SOUTH ROGERS CIRCLE
BOCA RATON, FL 33487 US**

Mailing Address
**1021 SOUTH ROGERS CIRCLE
BOCA RATON, FL 33487 US**

30006219



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

01202005 Chg-LLC CR2E083 (10/03)

4. FEI Number
34-2042794

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**GROSS, VICTOR
5211 ESTATES DRIVE
DELRAY BEACH, FL 33445**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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 *[Signature]* (NOTE: Registered Agent signature required when reappointed) DATE

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	MGRM GROSS, VICTOR 5211 ESTATES DRIVE DELRAY BEACH, FL 33445 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MORRIS APPELBAUM 6995 Queen Ferry Circle BOCA RATON, FL 33496 ☒ Change ☒ Addition Director
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RIBEN, ARTHUR 2430 RIVIERA DRIVE DELRAY BEACH, FL 33445 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SELMA KILMAN - Director 5263 SUTBOK DR BOCA RATON, FL 33496 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM APTER, CHRISTINE 748 CAMINO LAKES CIRCLE BOCA RATON, FL 33486 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SHIRLEY FLEISHMAN - Director 5211 ESTATES DR DELRAY BEACH, FL 33445 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DIRECTOR LINDA STEGMAN 7658 SOLIMAR CIRCLE BOCA RATON, FL 33433 ☐ Delete ADD	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAN GERSHWIN - Director 6578 HAWAIIAN AVE BOYNTON BEACH, FL 33437 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DIRECTOR MARVIN ECKSTEIN 8683 NW 46th St. BOCA RATON, FL 33434 ☐ Delete ADD	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARINE GARNER - Director 2480 NW 53rd St. BOCA RATON, FL 33496 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SELMA BARIS - Director 16888 RIVA Birch Circle DELRAY BEACH, FL 33945 ☐ Delete ADD	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JAN ERICHTH 20148 Northcote Drive BOCA RATON, FL 33434 ☐ Change ☒ Addition Director

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 606, Florida Statutes.

SIGNATURE: *[Signature]* 1/31/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #