## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L04000031744

Entity Name: SCULPTURE WORKSHOP AND STUDIO, LLC

DELRAY BEACH, FL 33945

City-St-Zip:

FILED May 07, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1021 SOUTH ROGERS CIRCLE BOCA RATON, FL 33487 **Current Mailing Address: New Mailing Address:** 1021 SOUTH ROGERS CIRCLE BOCA RATON, FL 33487 FEI Number: 34-2042794 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: GROSS, VICTOR 5211 ESTATES DRIVE DELRAY BEACH, FL 33445 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete GROSS, VICTOR Name: Name: 5211 ESTATES DRIVE Address: Address: City-St-Zip: DELRAY BEACH, FL 33445 US City-St-Zip: Title: ( ) Delete Title: () Change () Addition GERSHWIN, DAN Name: Name: Address: 6578 HAWAIIN AVENUE Address: City-St-Zip: BOYNTON BEACH, FL 33437 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition APTER, CHRISTINE Name: Name: 748 CAMINO LAKES CIRCLE Address: Address: City-St-Zip: BOCA RATON, FL 33486 US City-St-Zip: Title: ( ) Delete Title: () Change () Addition STEGMAN, LINDA Name: Name: Address: 7658 SOLIMAR CIRCLE Address: City-St-Zip: BOCA RATON, FL 33433 City-St-Zip: Title: () Delete Title: () Change () Addition ECKSTEIN, MARVIN Name: Name: 2683 NW 46TH ST Address: Address: City-St-Zip: BOCA RATON, FL 33434 City-St-Zip: Title: () Delete Title: () Change () Addition BARIS, SELMA Name: Name: Address: 16888 RIVER BIRCH CIRCLE Address:

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.

City-St-Zip:

SIGNATURE: LINDA STEGMAN D 05/07/2007