

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000031744

FILED  
Feb 18, 2012  
Secretary of State

**Entity Name:** SCULPTURE WORKSHOP AND STUDIO, LLC

**Current Principal Place of Business:**

1021 SOUTH ROGERS CIRCLE  
#10  
BOCA RATON, FL 33487 US

**New Principal Place of Business:**

**Current Mailing Address:**

1021 SOUTH ROGERS CIRCLE  
#10  
BOCA RATON, FL 33487 US

**New Mailing Address:**

**FEI Number:** 34-2042794

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STEGMAN, LINDA  
7658 SOLIMAR CIRCLE  
BOCA RATON, FL 33432 US

**Name and Address of New Registered Agent:**

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: MGRM  
Name: GROSS, VICTOR  
Address: 5211 ESTATES DRIVE  
City-St-Zip: DELRAY BEACH, FL 33445 US

Title: D  
Name: APPELBAUM, MORRIS  
Address: 6995 QUEENFERRY CIR  
City-St-Zip: BOCA RATON, FL 33496

Title: MGRM  
Name: APTER, CHRISTINE  
Address: 748 CAMINO LAKES CIRCLE  
City-St-Zip: BOCA RATON, FL 33486 US

Title: D  
Name: STEGMAN, LINDA  
Address: 7658 SOLIMAR CIRCLE  
City-St-Zip: BOCA RATON, FL 33433

Title: D  
Name: ECKSTEIN, MARVIN  
Address: 2683 NW 46TH ST  
City-St-Zip: BOCA RATON, FL 33434

Title: D  
Name: BARIS, SELMA  
Address: 16888 RIVER BIRCH CIRCLE  
City-St-Zip: DELRAY BEACH, FL 33945

I hereby 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: VICTOR GROSS

MGRM

02/18/2012

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