


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2006 08:00 A
Secretary of State

DOCUMENT # L04000033194 1. Entity Name THE INTERNET ARTS EXCHANGE, LLC		
Principal Place of Business 11261 NW 16 COURT PEMBROKE PINES, FL 33026	Mailing Address 11261 NW 16 COURT PEMBROKE PINES, FL 33026	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent KELLY, MAUREEN 11261 NW 16 COURT PEMBROKE PINES, FL 33026		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KELLY, MAUREEN 11261 NW 16 COURT PEMBROKE PINES, FL 33026	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>Maureen Kelly</u> Maureen Kelly		4/28/06 954-431-5704
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>



04072006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1068034	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

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05/11/06-80120-006 50.00