


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90092 004 \*\*\*\*50.00

<b>DOCUMENT # L04000042209</b>	
1. Entity Name <b>THE ART GALLERY, LLC</b>	

Principal Place of Business <b>1918 S. ATLANTIC AVENUE DAYTONA BEACH SHORES, FL 32116</b>	Mailing Address <b>P.O. BOX 7176 DAYTONA BEACH SHORES, FL 32116</b>
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2. Principal Place of Business <b>1918 S. ATLANTIC AVE</b>	3. Mailing Address <b>PO BOX 7176</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>DAYTONA BEACH SHORES FL</b>	City & State <b>DAYTONA BEACH SHORES FL</b>
Zip <b>32118</b>	Country <b>VOLUSIA</b>
Zip <b>32116</b>	Country <b>VOLUSIA</b>



04052005 Chg-LLC CR2E083 (10/03)

4. FEI Number <b>20-120-8875</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent <b>NORDQUIST, FLORENCE D 1918 S. ATLANTIC AVENUE DAYTONA BEACH SHORES, FL 32116</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 **THERE IS NO CHANGE** DATE

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MANAGER FLORENCE D. NORDQUIST PO BOX 7176 DAYTONA BEACH SHORES FL 32116</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 608, Florida Statutes.

**FLORENCE D. NORDQUIST**  
SIGNATURE: **Florence D Nordquist** 4/27/05 386-428-0620  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #