

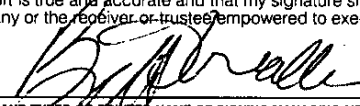


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90079 015 \*\*\*\*50.00

<b>DOCUMENT # L04000063386</b> 1. Entity Name <b>BRIGITTE NADEAU MASTER MURALIST, LLC</b>					
Principal Place of Business <b>3850 BAHAMA ROAD</b> <b>PALM BEACH GARDENS, FL 33410 US</b>			Mailing Address <b>3850 BAHAMA ROAD</b> <b>PALM BEACH GARDENS, FL 33410 US</b>		
2. Principal Place of Business <b>3850 Bahama Rd</b>		3. Mailing Address <b>Same</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		04072006 Chg-LLC CR2E083 (11/05)	
City & State <b>Palm Beach Gardens, FL</b>		City & State 		4. FEI Number <b>201549549</b> APPLIED FOR	
Zip <b>33410</b> Country <b>P.B.</b>		Zip Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> <b>NADEAU, BRIGITTE</b> <b>3850 BAHAMA ROAD</b> <b>PALM BEACH GARDENS, FL 33410</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2006</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>NADEAU, BRIGITTE</b> <b>3850 BAHAMA ROAD</b> <b>PALM BEACH GARDENS, FL 33410</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"/> Change <input type="checkbox"/> Addition			
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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"/> Change <input type="checkbox"/> Addition			
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.					
<b>SIGNATURE:</b> 		<b>4/26/06 312 5676</b>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	