

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000086505

Entity Name: METROART GALLERY, LLC

FILED
Feb 22, 2005
Secretary of State

Current Principal Place of Business:

103 NORTH MERIDIAN STREET
TALLAHASSEE, FL 32301

New Principal Place of Business:

3500 NW BOCA RATON BLVD
#809, BOCA DESIGN CENTER
BOCA RATON, FL 33431

Current Mailing Address:

103 NORTH MERIDIAN STREET
TALLAHASSEE, FL 32301

New Mailing Address:

3500 NW BOCA RATON BLVD.
#809, BOCA DESIGN CENTER
BOCA RATON, FL 33431

FEI Number: 11-3734977

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
103 NORTH MERIDIAN STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

POON, GAIL
3500 NW BOCA RATON BLVD.
#809, BOCA DESIGN CENTER
BOCA RATON, FL 33431 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: GAIL POON

02/22/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: POON, GAIL
Address: 103 NORTH MERIDIAN STREET
City-St-Zip: TALLAHASSEE, FL 32301

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: POON, GAIL
Address: 3500 NW BOCA RATON BLVD, #809
City-St-Zip: BOCA RATON, FL 33431

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GAIL POON

MGRM

02/22/2005

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