2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

05-01-2006 90072 029 ****50.00
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000000987

1. Entity Name
ART & OLD THINGS LLC

Principal Place of Business	Mailing Address
70 TAUNTON DRIVE SULLIVAN, ME 04664	70 TAUNTON DRIVE SULLIVAN, ME 04664

04262006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address: PO BOX 95
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: SULLIVAN, ME
Zip / Country	Zip: 04664 Country: USA

4. FEI Number: EIN 86-1126284 ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COLEMAN, JERRY ESQ 201 FRONT STREET STE 203 KEY WEST, FL 33040-8347	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGRM NAME STREET ADDRESS CITY-ST-ZIP	JOSEPH E. MARTELL 70 TAUNTON DR SULLIVAN, MAINE 04664 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: [signature] 4/25/06 207 422 3551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #