

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 APR 10 AM 9:11

DOCUMENT # L05000000992

1. Entity Name  
THE ART VILLAGE OF ST. PETERSBURG NORTH, LLC



Principal Place of Business  
ONE PROGRESS PLAZA STE 450  
ST. PETERSBURG, FL 33701

Mailing Address  
ONE PROGRESS PLAZA STE 450  
ST. PETERSBURG, FL 33701

2. Principal Place of Business  
25 Second St. N.  
Suite, Apt. #, etc. 210

3. Mailing Address  
25 Second St. N.  
Suite, Apt. #, etc. 210



04042006 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number  
20-2103287

Applied For  
Not Applicable

Zip Country

Zip Country

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

## 6. Name and Address of Current Registered Agent

AVIRAM, JIMMY  
ONE PROGRESS PLAZA STE 450  
ST. PETERSBURG, FL 33701

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
25 Second St. N. #210  
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

TITLE  
NAME Jimmy Aviram  
STREET ADDRESS 25 Second St. N. #210  
CITY-ST-ZIP St. Petersburg FL 33701  
☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
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## 10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
500070920625  
04/19/06--01011--001 \*\*1000.00  
☐ 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #