

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90035 019 ****50.00

DOCUMENT # L05000034134

1. Entity Name
ART INSTITUTE INVESTMENT, LLC



Principal Place of Business
**6300 N.E. 1ST AVENUE
3RD FLOOR
FORT LAUDERDALE, FL 33334**

Mailing Address
**6300 N.E. 1ST AVENUE
3RD FLOOR
FORT LAUDERDALE, FL 33334**

60040182



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04042007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number
20-2730437

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

**SADER, ROBERT L.
1901 W. CYPRESS CREEK ROAD
SUITE 415
FORT LAUDERDALE, FL 33309**

7. Name and Address of New Registered Agent

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, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **ROSCHMAN, ROBERT J.**
STREET ADDRESS **6300 N.E. 1ST AVENUE, 3RD FLOOR**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33334**

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME **ROBERT JOSEPH ROSCHMAN**
STREET ADDRESS **REVOCABLE TRUST AGREEMENT**
CITY-ST-ZIP **DATED OCTOBER 11, 2000**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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 #

ROBERT ROSCHMAN