

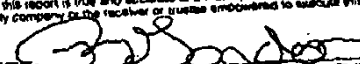
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FILED
Jun 09, 2006 8:00 am
Secretary of State

04-24-2006 90055 028 ****50.00

**2006 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L05000041918			
1. Entity Name ARTISAN HOUSE DESIGN STUDIO L.L.C.			
Principal Place of Business 30 SARASOTA ST DESTIN, FL 32550		Mailing Address 30 SARASOTA ST DESTIN, FL 32550	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Name and Address of Current Registered Agent GORDON, BARBARA J 30 SARASOTA ST DESTIN, FL 32550		5. Certificate of Status Cleared ☐ \$5.00 Additional Fee Required	
6. Name and Address of New Registered Agent		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		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 _____ Date _____			
Filing Fee is \$50.00 Due by May 1, 2006		Please attach payment to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
☐ Delete	☐ Delete	☐ Change	☐ Addition
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
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CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
☐ Delete	☐ Delete	☐ Change	☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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 206, Florida Statutes.			
SIGNATURE: 		Date: 04/19/06	
MANAGING MEMBER OR MANAGER OR TRUSTEE OR RECEIVER, SIGNATURE, ADDRESS, OR AUTHORIZED REPRESENTATIVE			