2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 07, 2006
Secretary of State

DOCUMENT# L05000044861

Entity Name: ARTWORKS, LLC

Current Principal Place of Business:

3701 CONROY RD
1835
ORLANDO, FL 32839

New Principal Place of Business:

1646 CRESTHAVEN AVE
ORLANDO, FL 32811

Current Mailing Address:

3701 CONROY RD
1835
ORLANDO, FL 32839

New Mailing Address:

1646 CRESTHAVEN AVE
ORLANDO, FL 32811

FEI Number: 11-3782413 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

DEREK, LOPEZ A
3701 CONROY RD
1835
ORLANDO, FL 32839 US

Name and Address of New Registered Agent:

DEREK, LOPEZ A
1646 CRESTHAVEN AVE
ORLANDO, FL 32811 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: DEREK LOPEZ 08/07/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition
Name: LOPEZ, DAVID M
Address: 3584 MARIBELLA DR
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: MGR ( ) Change (X) Addition
Name: LOPEZ, KIM R
Address: 3584 MARIBELLA DR
City-St-Zip: NEW SMYRNA BEACH, FL 32168

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: DEREK LOPEZ MGR 08/07/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date