

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000047232

FILED
Apr 11, 2006
Secretary of State

Entity Name: ART & SOLES, L.L.C.

Current Principal Place of Business:

4606 CLYDE MORRIS BLVD., SUITE A
PORT ORANGE, FL 32129

New Principal Place of Business:

4606 CLYDE MORRIS BLVD.
SUITE 2-A
PORT ORANGE, FL 32129

Current Mailing Address:

4606 CLYDE MORRIS BLVD., SUITE A
PORT ORANGE, FL 32129

New Mailing Address:

4606 CLYDE MORRIS BLVD.
SUITE 2-A
PORT ORANGE, FL 32129

FEI Number: 20-2854317

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POLIZZI, KRISTIN
4606 CLYDE MORRIS BLVD., SUITE A
PORT ORANGE, FL 32129 US

Name and Address of New Registered Agent:

POLIZZI, KRISTIN
4606 CLYDE MORRIS BLVD.
SUITE 2-A
PORT ORANGE, FL 32129 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: KRISTIN POLIZZI

04/11/2006

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: POLIZZI, KRISTIN
Address: 4606 S. CLYDE MORRIS BLVD SUITE 2-A
City-St-Zip: PORT ORANGE, FL 32129

Title: MGR () Change (X) Addition
Name: BALL, KIMBERLY
Address: 4606 S. CLYDE MORRIS BLVD
City-St-Zip: PORT ORANGE, FL 32129

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: KIMBERLY BALL

MGR

04/11/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date