


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
May 04, 2006 8:00 am
Secretary of State

03-23-2006 90268 021 ****50.00

DOCUMENT # L05000059522		
1. Entity Name DE LEON FINE ART, LLC		

Principal Place of Business 18210 NW 16TH STREET PEMBROKE PINES, FL 33029-3079 US	Mailing Address 18210 NW 16TH STREET PEMBROKE PINES, FL 33029-3079 US
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2. Principal Place of Business 2758 High Ridge Place	3. Mailing Address 2758 High Ridge Place
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Lakeland FL	City & State Lakeland FL
Zip 33813	Country USA

	
04242006 Chg-LLC	CR2E083 (11/05)
4. FEI Number 20-3006549	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent	
DE LEON, WENONA 18210 NW 16TH STREET PEMBROKE PINES, FL 33029	

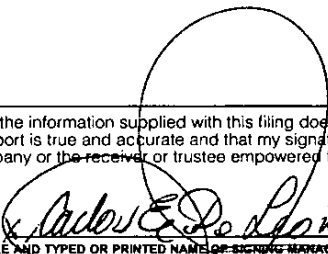
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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	(NOTE: Registered Agent signature required when reinstating)	DATE
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Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DE LEON CAMPOS, CARLOS EDUARDO 2758 HIGH RIDGE PLACE LAKELAND, FL 338135833 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  CARLOS E. DELEON C.	May 1, 2006 (863) 679167
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date Daytime Phone #

ATTACHMENT

30007020

#L05000059522



Hello: I am sorry for mailing this
signed form today May 2. My husband
and I were not in Lakeland.

Wenona sent the \$50.00 Filing Fee
and the \$25.00 for the amendment
fee before May 1, 2006.

Thank you. Elsie De Leon
