

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000067907

FILED  
Aug 30, 2006  
Secretary of State

Entity Name: ART ROCKS, LLC

## Current Principal Place of Business:

1868 N.W. 111TH AVENUE  
PLANTATION, FL 33322

## New Principal Place of Business:

3300 SW 13TH AVE  
FORT LAUDERDALE, FL 33315 28

## Current Mailing Address:

1868 N.W. 111TH AVENUE  
PLANTATION, FL 33322

## New Mailing Address:

854 WEST TROPICAL WAY  
PLANTATION, FL 33317

FEI Number: 83-0434681      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
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:

ALBEE, PETER R  
1868 N.W. 111TH AVENUE  
PLANTATION, FL 33322 US

## Name and Address of New Registered Agent:

ALBEE, PETER R  
854 WEST TROPICAL WAY  
PLANTATION, FL 33317 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: PETER ALBEE

08/30/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: ALBEE, PETER R  
Address: 1868 N.W. 111TH AVENUE  
City-St-Zip: PLANTATION, FL 33322

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: ALBEE, PETER R  
Address: 854 WEST TROPICAL WAY  
City-St-Zip: PLANTATION, FL 33317

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: PETER ALBEE

PRES

08/30/2006

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