2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L05000090029

1. Entity_Name

B & G ART PRODUCTION, LLC



FILED Aug 01, 2006 8:00 am Secretary of State

04-24-2006 90061 050 ****50.00 08-01-2006 90063 032 ****50.00

					Con William	, l					
		T, SUITE 145 3	Mailing Address 5970 S.W. 18TH STREET, SUITE 145 BOCA RATON FL 33433								
2. Principal Pl	lace of Busines	SS	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			7	2nd MOORE	CR2E08	3 (4/06)		
City & State			City & State			4. FEI Num	nber		- 	plied For	
Zip .	Country		Zip	Zip Count		5. Certificate of Status Desired		\$5.00 Additional Fee Required			
6. Name and Address of Current I			Registered Agent		7 Name a	nd Address of New	Registered /	laent	·		
o. Haute and Address of Pariett Hegistered Agent					Name						
GO 597	LDMAN, F	FREDRICK TH STREET, #145			Street Address (P.O. Box Number is Not Acceptable)						
BO	CA RATOI	N FL 33433		٠				<u> </u>			
		™			City			FL	Zip Code		
8. The above named entity attended to 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 positive agent.											
SIGNATURE Instruct, typed or printed name of registered askert anklitilia if applicable. (NOTE: Registered Agont signature required when reinstating) DATE											
	はいる A A A A A FILE NOW!!! FEE IS \$50.00 (音) A A A A A A A A A A A A A A A A A A										
-	Make Check Payable to Florida Department of State										
			1	Due By Sept	ember 6, 2006	5 · · · ·	1				
		MANIACINIC MEMOR	TOD (MANIACEDO				100/7/01/0	101111050			
9.	MGRM	MANAGING MEMBE	•	10			ADDITIONS	/CHANGES			
TITLE	1 -	^^	☐ Dele	te 🛚 🖽	ம்.				Change	Addition	
NAME	BEANE, LI		4.45		ME						
STREET ADDRESS	1	18TH STREET, SUITE	145	STI	REET ADDRESS						
CITY-ST-ZIP	BOCA HAT	ON FL 33433		CIT	Y-ST-ZIP						
TITLE			☐ Dete	te In	LE		•		☐ Change	Addition	
NAME				NA	ME						
STREET ADDRESS	'			STE	REFT ADDRESS						
CITY-ST-ZIP				CIT	Y-ST-ZIP						
TITLE			☐ Dele	te III	LE .				Change	Addition	
NAME			_ 500	NAI					onango		
STREET ADDRESS	l			SIIS	REET ADDRESS						
CITY-ST-ZIP				ат	Y-ST-ZIP						
TITLE			☐ Dele	te III	16		·		☐ Change	Addition	
NAME					ME .				Change		
STREET ADDRESS			,		REET ADDRESS						
CITY - ST - ZIP					Y-ST-ZIP						
THE											
TITLE . · .			☐ Dele						Change	Addition	
NAME STREET ADDRESS					ME DEET ADDRESS						
CITY - ST - ZIP					reet address Y-St-Zip						
	 										
TITLE -			☐ Dete						Change	☐ Addition	
NAME	1			MA	i						
STREET ADDRESS					REET ADDRESS						
CITY-ST-ZIP	1			ar	Y-ST-ZIP						
		information supplied with t									

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 of this report is true and acceptate 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: L OO

Daytime Phone •