

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000090674

Entity Name: ARTI GROUP LLC

FILED
Jul 06, 2006
Secretary of State

Current Principal Place of Business:

3105 WEST WATERS AVENUE
SUITE 315
TAMPA, FL 33614 US

New Principal Place of Business:

2451 MCMULLEN BOOTH ROAD
SUITE 200
CLEARWATER, FL 33759 US

Current Mailing Address:

3105 WEST WATERS AVENUE
SUITE 315
TAMPA, FL 33614 US

New Mailing Address:

2451 MCMULLEN BOOTH ROAD
SUITE 200
CLEARWATER, FL 33759 US

FEI Number: FEI Number Applied For (X) 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:

BMG ACCOUNTING INC
109 E ROBERTSON STREET
BRANDON, FL 33511 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: UTTAMCHANDANI, MADHUSUDHAN T
Address: 3105 W WATERS AVENUE
City-St-Zip: TAMPA, FL 33511 US

Title: MGR () Delete
Name: UTTAMCHANDANI, ANU M
Address: 3105 W WATERS AVE
City-St-Zip: TAMPA, FL 33511 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MADHUSUDHAN UTTAMCHANDANI

MGMR

07/06/2006

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