

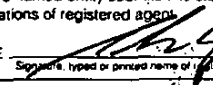
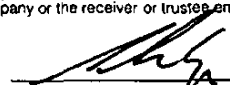


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-12-2006 90020 025 ****50.00

DOCUMENT # L05000091866 1. Entity Name SIGNATURE ARTISAN GROUP LLC					
Principal Place of Business 4520 N. PINE ISLAND ROAD SUNRISE, FL 33351			Mailing Address 4520 N. PINE ISLAND ROAD SUNRISE, FL 33351		
2. Principal Place of Business 130 S. University Dr. Suite, Apt. #, etc. # A City & State Plantation, FL. Zip 33324 Country		3. Mailing Address 130 S. University Dr. Suite, Apt. #, etc. # A City & State Plantation, FL. Zip 33324 Country			
04052006 Chg-LLC CR2E083 (11/05)				4. FEI Number 20-3443060 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent MAYER, THOMAS 970 W. GAMING GARDENS BLVD. #201 BOCA RATON, FL 33432	
7. Name and Address of New Registered Agent Name MAYER, THOMAS Street Address (P.O. Box Number is Not Acceptable) 130 S. University Dr. Suite, Apt. #, etc. # A City Plantation FL Zip Code 33324				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  DATE 4/18/06 <small>Signatures, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MAYER, THOMAS 4520 N. PINE ISLAND ROAD SUNRISE, FL 33351	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MAYER, THOMAS 130 S. University Dr. # A Plantation, FL 33324	<input checked="" 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
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
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: 			DATE: 4/18/06 DAYTIME PHONE #		