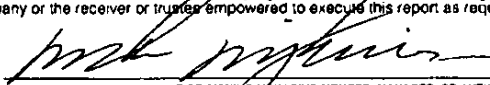


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

8/31/2007-90066-028-~~\$50.00~~ ^{FILED} ~~\$50.00~~

07 OCT -5 PM 3:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000103905 1. Entity Name ART 535 LLC					
Principal Place of Business 3510 N. 54 AVENUE HOLLYWOOD, FL 33021				Mailing Address 3510 N. 54 AVENUE HOLLYWOOD, FL 33021	
2. Principal Place of Business - No P.O. Box # 		3. Mailing Address 3510 N 54 AV			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Hollywood FL		City & State 		08202007 Chg-LLC CR2E083 (12/06)	
Zip 33021		Country FL		4. FEI Number 26-1122253 APPLIED FOR	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent MEGIDISH, MOSHE 3510 N. 54 AVENUE HOLLYWOOD, FL 33021				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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MEGIDISH, MOSHE 3510 N. 54 AVENUE HOLLYWOOD, FL 33021	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
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.		REINSTATEMENT			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date Daytime Phone #					