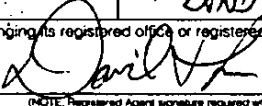
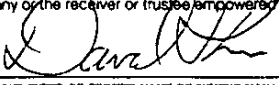


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 15, 2006 8:00 am
Secretary of State

07-11-2006 90119 027 ****50.00

DOCUMENT # L05000108599			
1. Entity Name ALEXANDRIA'S ARTIST CO-OP LLC			
Principal Place of Business 2149 COLLIER PARKWAY LAND O LAKES, FL 34639		Mailing Address 2149 COLLIER PARKWAY LAND O LAKES, FL 34639	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
01042006		Chg-LLC CR2E083 (11/05)	
4. FEI Number 20-3759742		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BONK, PETER A 1837 LAKE HERON DR. LUTZ, FL 33549		7. Name and Address of New Registered Agent Name DAVID THOMPSON Street Address (P.O. Box Number is Not Acceptable) 7544 BERNA LANE City LAND O LAKES FL Zip Code 34637	
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 DAVID THOMPSON  DATE 7/6/06 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when transferring.)			
Filing Fee is \$50.00 Due by May 1, 2008		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BONK, PETER A 1837 LAKE HERON DR. LUTZ, FL 33549 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PREVIOUSLY BONK, PETER A 1837 LAKE HERON DR LUTZ FL 33549 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR THOMPSON, DAVE 754 BERNA LANE LAND O LAKES, FL 34639 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER DAVID THOMPSON 7544 BERNA LANE LAND O LAKES FL 34637 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JFCR6TARY DURHAM, KATHLEEN 6440 WISTERIA LOOP LAND O LAKES, FL 34639 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY DURHAM, KATHLEEN 6440 WISTERIA LOOP LAND O LAKES FL 34639 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT JASON HANN 3756 LOCKHART DR LAND O LAKES 34638 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR JUDY BINIARSZ 7556 BERNA LANE LAND O LAKES, FL 34637 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 4/27/06 813-996-4477 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			