FILED Mar 19, 2007 8:00 am Secretary of State

2007	LIMITED LIABILITY COME	AIA I
	ANNUAL REPORT	
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DOCUMENT # L05000119 1. Entity Name INTERNATIONAL FINE ARTS LLC	317		03-19-2007 90463 045 ****50.00
Principal Place of Business	Mailing Address		40037580
951 SW 4TH AVE	951 SW 4TH AVE	•	
BOCA RATON, FL 33432	BOCA RATON, FL 334	. 32	
			1884 11
2. Principal Place of Business - No P.O. Box #	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		03072007 Chg-LLC CR2E083 (12/06)
City & State	City & State		4. FETNumber 3963 Z 6 / Applied For Not Applicable
Zip Country	Zip	Country	5. Certificate of Status Desired \$5.00 Additional Fee Required
6. Name and Address of Current	Registered Agent	<u> </u>	7. Name and Address of New Registered Agent
		Name	
BLAKESBERG, JON D		Street Address	(P.O. Box Number is Not Acceptable)
951 SW 4TH AVE BOCA RATON, FL, FL 33432		direct Address	(i.e. bearvamber is Net Acceptable)
2007(1017)01(1)2(1)2 00102			
<u>:</u>		City	FL Zip Code
O The share a ground seath, a descript this state and of the	by the automorphism it	n sacistated office as society	ered agent, or both, in the State of Florida. I am familiar with, and accept
the obligations of registered agent.	or the purpose or changing is	s registered office or regist	ered agent, or both, in the State of Florida. I am lamitar with, and accept
SIGNATURE			
SIGNATURE Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registered Agent signature requir	ed when reinstating) DATE
Filing Fee Is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State
9. MANAGING MEMBI	 ERS/MANAGERS	10.	ADDITIONS/CHANGES
TITLE MGRM	☐ Delete	TITLE	☐ Change ☐ Addition
NAME STEINGARD, MARK		NAME	
STREET ADDRESS 951 SW 4TH AVE CITY-ST-ZIP BOCA RATON, FL 33432		STREET ADDRESS CITY-ST-ZIP	
TITLE	Delete	TITLE	☐ Change ☐ Addition
NAME	□1 Delete	NAME	change nonloc
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS		NAME STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS CITY-ST-ZIP	
CITY-ST-ZIP			☐ Change ☐ Addition
TITLE NAME	Delete	TITLE NAME	□ Glorige ← Xuuliuli
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
11 Lhereby certify that the information supplied wit	h this filing does not qualify f	or the exemptions contains	and in Chapter 119, Florida Statutes. I further certify that the information
indicated on this report is true and accurate and limited liability company or the receiver or truste	u mat my signature snail have se empowered to execute thi	e me same legal effect as i s report as required by Cha	f made under oath; that I am a managing member or manager of the apter 608, Florida Statutes.
<u> </u>	1		3/m/07 52/2/35985
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SIGNATURE:			ログ・プロイ コング ス/3/39年の