## **2008 LIMITED LIABILITY COMPANY**

DO NOT WRITE IN THIS SPACE

## **ANNUAL REPORT**

DOCUMENT # L05000119317 1. Entity Name

INTERNATIONAL FINE ARTS LLC

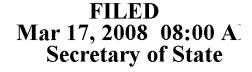


Principal Place of Business

951 SW 4TH AVE BOCA RATON, FL 33432 Mailing Address

951 SW 4TH AVE

BOCA RATON, FL 33432





03052008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-3963261

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

BLAKESBERG, JON D 951 SW 4TH AVE BOCA RATON, FL, FL 33432



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.

Signeture, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

UUUUUUUUBMAAN!

04703788-88084-001 138.75

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STEINGARD, MARK 951 SW 4TH AVE BOCA RATON, FL 33432	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-SI-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

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:** SIGNATURE AND TYPED OR PRINTED NAME UTHORIZED REPRESENTATIVE

Date

5612131 Daytime Phone #