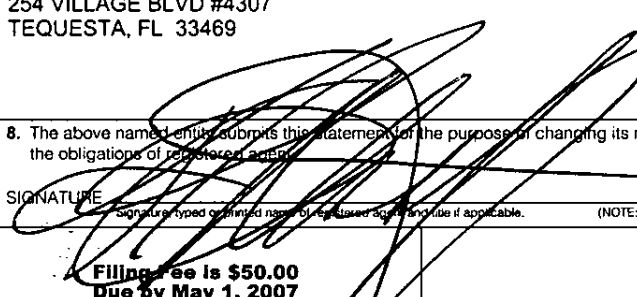
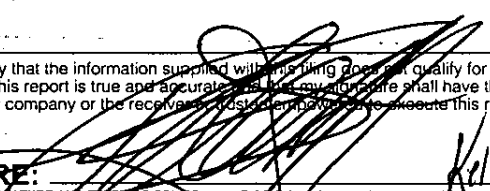


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2007 8:00 am
Secretary of State

04-10-2007 90082 018 ****50.00

| | | | | | |
|--|---|---------------------------------|--|---|--|
| DOCUMENT # L06000023714 | | | |  | |
| 1. Entity Name BUTENHOFF FINE ART & APPRAISAL SERVICES, LLC | | | | | |
| Principal Place of Business 254 VILLAGE BLVD #4307 TEQUESTA, FL 33469 | | | Mailing Address 254 VILLAGE BLVD #4307 TEQUESTA, FL 33469 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 02152007 Chg-LLC CR2E083 (12/06) | |
| 4. FEI Number 74-3167099 | | | | 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 | | | 7. Name and Address of New Registered Agent | | |
| BUTENHOFF, KELLY 254 VILLAGE BLVD #4307 TEQUESTA, FL 33469 | | | Name <u>Butenhoff, Kelly</u> Street Address (P.O. Box Number is Not Acceptable) <u>2805 Veronica Dr #107</u> City <u>Palm Bch Gardens</u> <u>FL</u> Zip Code <u>33410</u> | | |
| 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 <u>4/6/07</u> | | |
| Filing fee is \$50.00 Due by May 1, 2007 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR BUTENHOFF, KELLY 254 VILLAGE BLVD #4307 TEQUESTA, FL 33469 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR Butenhoff, Kelly 2805 Veronica Dr #107 Palm Bch Gardens FL 33410 | <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 |
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| 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 recipient of such information who executes this report as required by Chapter 608, Florida Statutes. | | | | | |
| SIGNATURE:  | | | Date <u>4/6/07</u> Daytime Phone # <u>561 222 0083</u> | | |
| SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | | | |