

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90365 016 \*\*\*\*50.00

<b>DOCUMENT # L06000025718</b> 1. Entity Name <b>NOVO ART &amp; GALLERY LLC</b>					
Principal Place of Business <b>5921 36TH AVE EAST PALMETTO, FL 34221</b>			Mailing Address <b>5921 36TH AVE EAST PALMETTO, FL 34221</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip		City & State  Zip		Country	
<b>6. Name and Address of Current Registered Agent</b>  <b>NOVOA, LUIS 5921 36TH AVENUE EAST PALMETTO, FL 34221</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				4. FEI Number <b>26-0137461</b>	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>				5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
Filing Fee is \$50.00 Due by May 4, 2007				Make check payable to: Florida Department of State	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <b>SANTOS, MARIA E</b> <b>5921 36TH AVENUE EAST</b> <b>PALMETTO, FL 34221</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> 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.			SIGNATURE: <u>Yacod H / maria Santos - owner</u> 4/10/07      911-962-5653 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		