

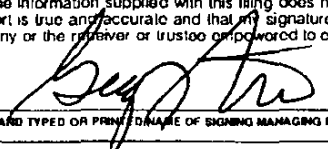
2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 20, 2007 8:00 am
Secretary of State

02-21-2007 90103 047 ****50.00



1st MOORE CR2E083 (10/06)

DOCUMENT # L06000088169					
1. Entity Name ARTMARINA BRAZIL, LLC					
Principal Place of Business 200 SOUTH BISCAYNE BLVD., STE 5120 MIAMI FL 33131			Mailing Address 200 SOUTH BISCAYNE BLVD., STE 5120 MIAMI FL 33131		
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	4. FEI Number 20-5521325	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SIROTA, KRISTIN L. 200 SOUTH BISCAYNE BLVD., STE 5120 MIAMI FL 33131				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ Signature, typed or printed name of registered agent and fee is applicable. (NOTE: Registered Agent signature notized when re-registering) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	MGR ☐ Delete			TITLE	☐ Change ☐ Addition
NAME	SIROTA, GEORGE G			NAME	
STREET ADDRESS	200 SOUTH BISCAYNE BLVD., STE 5120			STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL 33131			CITY- ST- ZIP	
TITLE	☐ Delete			TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				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	
TITLE	☐ Delete			TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				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	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 				2/6/07 305 573 1795	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	