



# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90310 022 \*\*\*138.75

<b>DOCUMENT # L06000088169</b>					
<b>1. Entity Name</b> ARTMARINA BRAZIL, LLC					
<b>Principal Place of Business</b> 1001 BRICKELL BAY DR. 18TH FLOOR MIAMI, FL 33131			<b>Mailing Address</b> 1001 BRICKELL BAY DR. 18TH FLOOR MIAMI, FL 33131		
<b>2. Principal Place of Business - No P.O. Box #</b> 1001 Brickell Bay Dr.		<b>3. Mailing Address</b> 1001 Brickell Bay Dr.			
Suite, Apt. #, etc. Suite 1804		Suite, Apt. #, etc. Suite 1804			
City & State MIAMI, FL		City & State MIAMI, FL			
Zip 33131		Zip 33131			
Country USA		Country USA		04172008    Chg-LLC    CR2E083 (12/06)	
<b>4. FEI Number</b> 20-5521325				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  SIROTA, KRISTIN L 200 SOUTH BISCAYNE BLVD., STE 5120 MIAMI, FL 33131			<b>7. Name and Address of New Registered Agent</b>  Name: Sirota, Kristin L. Street Address (P.O. Box Number is Not Acceptable): 1001 Brickell Bay Dr., Suite 1804 City: miami <b>FL</b> Zip Code: 33131		
<b>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.</b>  SIGNATURE: <i>Kristin Sirota</i> DATE: 4/17/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SIROTA, GEORGE G 200 SOUTH BISCAYNE BLVD., STE 5120 MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Sirota, George G. 1001 Brickell Bay Dr., Suite 1804 MIAMI, FL 33131	<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
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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
<b>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.</b>					
<b>SIGNATURE:</b> <i>Kristin Sirota</i>			DATE: 4/17/08		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Daytime Phone #</small>		