

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000123019

FILED
Apr 05, 2007
Secretary of State

Entity Name: MUDARIAN ARTS & ASSOCIATES LLC

Current Principal Place of Business:

1908 SOUTH ORANGE BLOSSOM TRAIL
APOPKA, FL 32703

New Principal Place of Business:

1100 WILLINGHAM RD
CHULUOTA, FL 32766

Current Mailing Address:

1908 SOUTH ORANGE BLOSSOM TRAIL
APOPKA, FL 32703

New Mailing Address:

1100 WILLINGHAM RD
CHULUOTA, FL 32766

FEI Number: 20-8162632

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MILLER, JASON S
Address: 1908 SOUTH ORANGE BLOSSOM TRAIL
City-St-Zip: APOPKA, FL 32703

Title: MGR () Delete
Name: MILLER, JEFFREY W
Address: 1908 SOUTH ORANGE BLOSSOM TRAIL
City-St-Zip: APOPKA, FL 32703

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MILLER, JASON S
Address: 1100 WILLINGHAM RD
City-St-Zip: CHULUOTA, FL 32766

Title: MGR (X) Change () Addition
Name: MILLER, JEFFREY W
Address: 1100 WILLINGHAM RD
City-St-Zip: CHULUOTA, FL 32766

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JASON S MILLER

MGR

04/05/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date