

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000042548

FILED
Jan 31, 2008
Secretary of State

Entity Name: ART AND FRAME WAREHOUSE, LLC

Current Principal Place of Business:

5 SABINE DRIVE
PENSACOLA BEACH, FL 32561 US

New Principal Place of Business:

450 VAN PELT LANE
PENSACOLA, FL 32505 US

Current Mailing Address:

5 SABINE DRIVE
PENSACOLA BEACH, FL 32561 US

New Mailing Address:

450 VAN PELT LANE
PENSACOLA, FL 32505 US

FEI Number: 20-8890218

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VAN ALSTINE, TIMOTHY
450 VAN PELT LN
PENSACOLA, FL 32505 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: MGRM () Delete
Name: VAN ALSTINE, TIMOTHY
Address: 450 VAN PELT LANE
City-St-Zip: PENSACOLA, FL 32505 US

Title: MGRM () Delete
Name: BOOTHE, DREXEL
Address: 780 W. LAUREL
City-St-Zip: FOLEY, AL 36535 US

Title: MGRM () Delete
Name: BOOTHE, KELLY
Address: 780 W. LAUREL
City-St-Zip: FOLEY, AL 36535 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: TIMOTHY VAN ALSTINE

MGRM

01/31/2008

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