

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000045358

FILED  
Apr 09, 2009  
Secretary of State

Entity Name: SCHLACHTER ART ADVISOR LLC

## Current Principal Place of Business:

BIBA4NETWORK C/O SCHLACHTER ART ADVISOR  
3625 N COUNTRY CLUB DR - SUITE 2108  
AVENTURA, FL 33180

## New Principal Place of Business:

SCHLACHTER ART ADVISOR  
1345 WEST AVENUE APT 201  
MIAMI BEACH, FL 33140

## Current Mailing Address:

C/O KVB PARTNERS INC  
60 BROAD STREET- SUITE 3502  
NEW YORK, NY 10004

## New Mailing Address:

ELISE QUAGLIATA  
681 WEST 193RD STREET  
NEW YORK, NY 10040

FEI Number: 80-0182091

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TREUILLER-SCHLACHTER, XAVIER  
1345 WEST AVENUE APT 201  
MIAMI BEACH, FL 33140 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: TREUILLER-SCHLACHTER, XAVIER  
Address: 3625 N COUNTRY CLUB DR - SUITE 2108  
City-St-Zip: AVENTURA, FL 33180

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: TREUILLER-SCHLACHTER, XAVIER  
Address: 1345 WEST AVENUE APT 201  
City-St-Zip: MIAMI BEACH, FL 33140

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: TREUILLER-SCHLACHTER XAVIER

MR

04/09/2009

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