## LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

**FILED** May 27, 2002 8:00 am Secretary of State

5-14-02 (305) 294-1669

Daytime Phone #

05-27-2002 90407 025 \*\*\*\*50 00 DOCUMENT # 199000004867 1. Entity Name ART OF CUBA, L.L.C. DO NOT WRITE IN THIS SPACE 967976 2;:Principal Place of Business 3. Mailing Address <u>606 Greene Street</u> 606 Greene Street Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Key West, Key West, FL 522200214 Not Applicable Country Zip 33040 Country US \$5.00 Additional 33040 US 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent Nance Frank DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 606 Greene Street City Zip Code 33040 Kev West entity submits after the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Nance Frank, Registered Agent 5-14-02 ed name of registered agent and title if applicable. FEE IS \$50.00 Make Check Payable to Department of State DUE BY MAY 1 9, MANAGING MEMBERS/MANAGERS TITLE MGRM TITLE NAME CR2E083B (12/01 Nance Frank NAME STREET ADDRESS 606 Greene Street STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Key West, FL 33040 TITLE MLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DO NOT WRITE CITY-ST-ZIP. TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP TITLE mu NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY ST ZIP TIŤLE MILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 this ee empowered to execute this report as required by Chapter 608, Florida Statutes.

Managing Member

Nance Frank

NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

SIGNATURE AND TYPED OR PRIN