2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L9900006015 1. Entity Name				FILED	
	ART, L.L.C.		00 APR 10 AM11: 43		
				SECRETARY OF STATE	
Principal Place of Business Mailing Address				TALLAHASSEE, FLORIDA	
i .	0 HOLLYWOOD BLVD., STE 350-N 4000 HOLLYWOOD BLVD., STE 350-N LYWOOD FL 33021-6789				
2. Principal Place of Business 2701-2791 DAVIE BLYD 3. Mailing Address 9401 LIME-BAY BLYD					
		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State			5	4. FEI.Number Applied Fo	
	PUDERDALE, FL	TAMARAC	, FL	765-09 49 525 Not Applic	
<u> 2</u> 333	12 054	33321	Country A	5. Certificate of Status Desired	_ <u>.</u>
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name 5AM 07.					
FEINBERG, JEFFREY Street Address (F				s (P.O. Box Number is Not Acceptable)	
4000 HOLLYWOOD BLVD., STE 350-N HOLLYWOOD FL 33021				LINE-BAY Blvd # 305	
			City T	MARAC FL Zip Code	
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.					
SIGNATURE 4-5-2000					
Signature, typed or printed name of egistered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State					
9.	MANAGING MEMBE	RS/MEMBERS	10.	ADDITIONS/CHANGES	
TITLE MANE	MGRM OZ, SAM	☐ Defets	TIYLE NAME	800003221758—	lition
STREET ADDRESS	4000 HOLLYWOOD BLVD., STE 3	50-N	STREET ADDRESS	-04/24/0001165008 *****50.00 *****50.0	ונו
CITY- 8T- ZIP	HOLLYWOOD FL	☐ Delete	CITY-ST-ZIP TITLE	Change Adi	
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CITY- \$T- ZIP	, ,		CITY-8T-ZIP/		
TITLE NAME		☐ Defets	TITLE Mame	☐ Change ☐ Add	lition
STREET ADDRESS CITY-ST-ZIP			STREET AUDRESS CHY-ST-ZIP	•	
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CITY-8T-ZIP			CITY-ST-ZIP		
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STREET ADDRESS	,		RTREET ADDRESS City-St-Zip	dec	
11. I hereby o	certify that the information supplied with on this report is true and a country and the countr	this filing does not qualify for	the exemption stated in S	Section 119.07(3)(i), Florida Statutes. I further certify that the information	on
indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under path; 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: XIGNABULE VICTORIED 4-5-80 954818022					
1		TEB NAME OF SIGNING MANAGING	MEMBER OF MANAGER	Date Daytime Phone #	