


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 28, 2008 8:00 am**  
**Secretary of State**

03-28-2008 90173 042 \*\*\*138.75

<b>DOCUMENT # M07000004041</b>	
1. Entity Name <b>ARTSY ABODE AT DELTONA, LLC</b>	

Principal Place of Business <b>2722 CENTERVILLE ROAD, SUITE 400 WILMINGTON, DE 19808</b>	Mailing Address <b>2722 CENTERVILLE ROAD, SUITE 400 WILMINGTON, DE 19808</b>
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**60017909**

2. Principal Place of Business - No P.O. Box # <b>1039 Harley Strickland Blvd 2219 CR 220</b>	3. Mailing Address <b>Ste 316</b>
Suite, Apt. #, etc. <b>Ste 500</b>	Suite, Apt. #, etc. <b>Ste 316</b>
City & State <b>Orange City</b>	City & State <b>Middleburg</b>
Zip <b>32763</b>	Country <b>USA</b>
Zip <b>32068</b>	Country <b>FL</b>



02132008 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>20-8933147</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>BOVAY, JOHN C 901 N.W. 57TH STREET GAINESVILLE, FL 32605</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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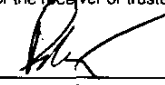
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GO FISH INVESTMENTS, LLC 2722 CENTERVILLE ROAD, SUITE 400 WILMINGTON, DE 19808 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>2219 CR 220 Ste 316 Middleburg, FL 32068</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**  **3-25-08**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #