
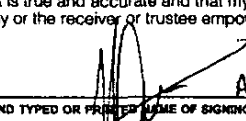


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90273 009 ****50.00

DOCUMENT # L99000000491			
1. Entity Name ARTINI-ZAK, L.C.			
Principal Place of Business 7682 NORTH FEDERAL HWY SUITE #4 BOCA RATON, FL 33487		Mailing Address 7682 NORTH FEDERAL HWY SUITE #4 BOCA RATON, FL 33487	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 611 GOLDEN HARBOUR DR.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State BOCA RATON, FL	
Zip		Zip 33432	
Country		Country USA	
4. FEI Number 65-0888663		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WARM, STEVEN ESQUIRE 2101 CORPORATE BLVD., SUITE 215 BOCA RATON, FL 33431		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE		DATE	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ASINMAZ, ARTHUR 7682 NORTH FEDERAL HWY STE #4 BOCA RATON, FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ASINMAZ, ARTHUR 611 GOLDEN HARBOUR DR BOCA RATON, FL 33432 <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: 		Date: Feb 19/07 561 999-9007	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	