


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
05 MAR 10 PM 2:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000002342 1. Entity Name ARGENTUM HOLDING, LLC	
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Principal Place of Business 8115 NW 29 STREET MIAMI, FL 33122	Mailing Address 8115 NW 29 STREET MIAMI, FL 33122
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



02112005 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent

FRANSEZZE, PABLO B
671 NE 195 STREET
125
NORTH MIAMI BEACH, FL 33179

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM	TITLE	
NAME	RIGOTTI, MARIA <input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	8115 NW 29 STREET	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33122	CITY-ST-ZIP	
TITLE		TITLE	MGRM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	FRANSEZZE ALBERTO M.
STREET ADDRESS		STREET ADDRESS	8115 NW 29 ST MIAMI FL 33122
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	300048449213
CITY-ST-ZIP		CITY-ST-ZIP	03/15/05--01072--005 **150.00
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Antonio Rigotti
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date _____ Daytime Phone # _____