


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jul 11, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000008497

1. Entity Name  
 ARVI LLC



Principal Place of Business      Mailing Address

3901 SW 141 AVE                      3901 SW 141 AVE  
 MIRAMAR, FL 33027 US              MIRAMAR, FL 33027 US



**DO NOT WRITE IN THIS SPACE**

07052005 No Chg-LLC      CR2E083 (10/03)

4. FEI Number 45-0505560	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MARQUEZ, ELIS M  
 3901 SW 141 AVE  
 MIRAMAR, FL 33027

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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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00 Due by September 7, 2005**

U00000372220  
 07/11/05-60024-002 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	ARBOLEAS, HORACIO A
STREET ADDRESS	3901 SW 141 AVE
CITY-ST-ZIP	MIRAMAR, FL 33027
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Horacio A. Arboleas      07/07/05      954-608-8423

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #