

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 28, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L04000075753

1. Entity Name  
 ARGUELLES HOLDINGS, LLC



Principal Place of Business  
 2731 PONCE DE LEON BOULEVARD  
 CORAL GABLES, FL 33134 US

Mailing Address  
 2731 PONCE DE LEON BOULEVARD  
 CORAL GABLES, FL 33134 US



02082006 No Chg-LLC CRZE083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 41-2154809	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ARGUELLES, MARIA V  
 2731 PONCE DE LEON BOULEVARD  
 CORAL GABLES, FL 33134

**DO NOT WRITE IN THIS SPACE**

7. 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 re-registering) DATE

**Filing Fee is \$50.00**  
**Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ARGUELLES, MARIA V 2731 PONCE DE LEON BOULEVARD CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

UD0000542103  
 05/10/06-80085-009 50.00

**DO NOT WRITE IN THIS SPACE**

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: *Maria V. Arguelles* *4/23/06* *305 444-82*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #