2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000078195

Entity Name

ARGUELLES PROPERTY MANAGEMENT, LLC



Principal Place of Business

Mailing Address

2731 PONCE DE LEON BOULEVARD CORAL GABLES, FL 33134 US

2731 PONCE DE LEON BOULEVARD CORAL GABLES, FL 33134 US

FILED Jul 22, 2008 08:00 AM Secretary of State



07152008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 75-3173882 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

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

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	ne above named entity submits this statement for e obligations of registered agent.	r the purpose of cha	nging its register	red office or	registered agent, or bo	th, in the State of Florida. I am fan	niliar with, and accept
SIGN	IATURE Signature, typed or printed name of registered agent a	and title if applicable.	(NOTE: Register	ed Agent signatur	e required when reinstating)	DATE	
	FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		ce with s. 607.1 pany did not re		S., the limited rior notice.	000000955992 07/22/08-80014-0	02 138.75
9.	MANAGING MEMBERS/MANAGERS			1, 1,	4113 6 924	I so the think which	The state of the s

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ARGUELLES, MARIA V 2731 PONCE DE LEON BOULEVARD CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CHY-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 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: Za J. Gueller MALIA V. ARGUELLES 7/16/08
SIGNATURE AND TYPED OR PRINTYD NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE
Date of the control of the

6/08 305-444-80

ito.

Daytime Phone #