


**FILED**  
**Aug 27, 2007 8:00 am**  
**Secretary of State**

08-01-2007 90015 041 \*\*\*\*50.00

**2007 LIMITED LIABILITY COMPANY  
 ANNUAL REPORT**

**DOCUMENT # L05000063358**  
 1. Entity Name  
 ARC HOLDINGS, L.L.C.



Principal Place of Business 540 WEST AVENUE, UNIT 1011 MIAMI BEACH, FL 33139	Mailing Address 540 WEST AVENUE, UNIT 1011 MIAMI BEACH, FL 33139
--	--

**30012511**



07232007No Chg-LLC CR2E083 (11/05)

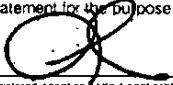
**DO NOT WRITE IN THIS SPACE**

4. FEI Number NOT APPLICABLE	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  
 SAPIENZA, RICHARD JR.  
 540 WEST AVENUE, UNIT 1011  
 MIAMI BEACH, FL 33139

**DO NOT WRITE  
 IN THIS SPACE**

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)

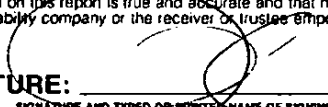
7/24/07  
DATE

**Filing Fee is \$50.00  
 Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SAPIENZA, RICHARD JR. 540 WEST AVENUE, UNIT 1011 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SAPIENZA, DARLENE 540 WEST AVENUE, UNIT 1011 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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:  **8/22/07** 201-417-5880  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #