

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY -1 AM 10:10

DOCUMENT # L05000088565					
1. Entity Name ARGUETTY CAPITAL 2975 LLC					
Principal Place of Business 617 NORTH 21ST AVENUE HOLLYWOOD, FL 33020			Mailing Address C/O MITCHELL S. POLANSKY, ESQ. 2665 S. BAYSHORE DRIVE, SUITE 703 MIAMI, FL 33133		
2. Principal Place of Business		3. Mailing Address 2665 S. Bayshor Drive			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 703			
City & State		City & State Miami, FL		4. FEI Number 20-3444136	
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
33133	USA	33133	USA		
6. Name and Address of Current Registered Agent POLANSKY, MITCHELL S ESQ 2665 SOUTH BAYSHORE DRIVE SUITE 703 MIAMI, FL 3133			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 _____ (NOTE: Registered Agent signature required when reappointing)					
Filing Fee is \$50.00 Due by May 1, 2006					
Make check payable to Florida Department of State					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ARGUETTY ASSET MANAGEMENT, INC. 2665 S. BAYSHORE DRIVE, SUITE 703 MIAMI, FL 33133 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Arquetty Asset Management, Inc. 617 N. 21st Avenue Hollywood, FL 33020 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	400075220104 05/25/06--01008--008 **1061.25 ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: <u>Michael Arguety</u> 4/25/06 (954) 929-5803					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					