

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 26, 2004 8:00 am**  
**Secretary of State**

01-26-2004 90073 035 \*\*\*\*50.00

DOCUMENT # L00000010775

1. Entity Name  
ARQUINPRO PARKLAND INVESTMENTS, L.L.C.



Principal Place of Business  
~~999 PONCE DE LEON BLVD., SUITE 715~~  
~~CORAL GABLES, FL 33134~~

Mailing Address  
~~999 PONCE DE LEON BLVD., SUITE 715~~  
~~CORAL GABLES, FL 33134~~

2. Principal Place of Business  
*2600 Douglas Rd.*  
Suite, Apt. #, etc. *PH 6*

3. Mailing Address  
*2600 Douglas Rd.*  
Suite, Apt. #, etc. *PH 6*



01132004 Chg-LLC CR2E083 (10/03)

City & State  
*Coral Gables, FL*

City & State  
*Coral Gables, FL*

Zip  
*33134* Country *US*

Zip  
*33134* Country *US*

4. FEI Number  
65-1039248

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PADIAL, JOSE I PA  
~~999 PONCE DE LEON BLVD.~~  
~~SUITE 715~~  
~~CORAL GABLES, FL 33134~~

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
*2600 Douglas Road*  
*PH 6*  
City *Coral Gables* FL *33134*

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 *Jose I. Padial, registered agent* DATE *1/14/04*

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00**  
**Due by May 1, 2004**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGR  
EPELBOIN, NOEL  
~~999 PONCE DE LEON #715~~  
~~CORAL GABLES, FL 33134~~

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☒ Change ☐ Addition

*2600 Douglas Rd. PH 6*  
*Coral Gables, FL 33134*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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 exemption stated in Section 119.07(3)(i), 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: *X [Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone #