2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

FILED Jan 10, 2005 08:00 AM Secretary of State **DOCUMENT # L00000010993** 1. Entity Name ARCE INVESTMENT PROPERTIES, LLC Principal Place of Business Mailing Address 4045 SHERIDAN AVE., STE. 271 4045 SHERIDAN AVE., STE. 271 MIAMI BEACH, FL 33140 MIAMI BEACH, FL 33140 01052005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1041818 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KAHN, DONALD J DO NOT WRITE 317 - 71ST STREET MIAMI BEACH, FL 33141 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 Fiorida. 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 reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. MGR TITLE U00000176005 01/10/05-80072-023 50.00 ARCE, ANGELO NAME STREET ADDRESS 2042 N.E. 120 ROAD NORTH MIAM!, FL 33181 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1 19.07(3)(f). 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. Huselo