## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **DOCUMENT # L00000010993**

1. Entity Name
ARCE INVESTMENT PROPERTIES, LLC



FILED Jan 22, 2007 08:00 AM Secretary of State

Principal Place of Business

4045 SHERIDAN AVE., STE. 271 MIAMI BEACH, FL 33140 Mailing Address

4045 SHERIDAN AVE., STE. 271 MIAMI BEACH, FL 33140



DO NOT WRITE IN THIS SPACE

| 01172007 No Chg-LLC

CR2E083 (11/05)

4.	FEI Number		Applied For
	65-1041818	 	Not Applicable
5.	Certificate of Status Desired	\$5.0 Fee R	Additional ulred

6. Name and Address of Current Registered Agent

KAHN, DONALD J 317 - 71ST STREET MIAMI BEACH, FL 33141

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of chartions of registered agent.	nging its registered office or registered agent, or bott	h, in the State of Florida. I am familiar with, and accept		
SIGNATURE.					
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE		
Fi D	lling Fee is \$50.00 ue by May 1, 2007				
9.	MANAGING MEMBERS/MANAGERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ARCE, ANGELO 2042 N.E. 120 ROAD NORTH MIAMI, FL 33181		U00000594382		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			01/22/07-80069-009 50.00		
TITLE NAME Street address City-St-Zip		DO	NOT WRITE		
TITLE Name Street address City-St-Zip		IN 7	IN THIS SPACE		
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 exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is around 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 companyor the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Angelo Ance

18/07-305-297-7033

EIGNATURE AND TYPED OR PRINTED NAME OF EIGHING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #