


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

01-26-2004 90073 033 \*\*\*\*50.00

<b>DOCUMENT #</b> L00000011080	
1. Entity Name <b>ARQUINPRO CONSTRUCTION AND DEVELOPMENT, L.L.C.</b>	

Principal Place of Business <b>999 PONCE DE LEON BLVD., SUITE 715 CORAL GABLES, FL 33134</b>	Mailing Address <b>999 PONCE DE LEON BLVD., SUITE 715, TC CORAL GABLES, FL 33134</b>
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2. Principal Place of Business <b>2600 Douglas Rd. Suite, Apt. #, etc. PH 6</b>	3. Mailing Address <b>2600 Douglas Rd. Suite, Apt. #, etc. PH 6</b>
City & State <b>Coral Gables, FL</b>	City & State <b>Coral Gables, FL</b>
Zip <b>33134</b> Country <b>US</b>	Zip <b>33134</b> Country <b>US</b>



01132004 Chg-LLC CR2E083 (10/03)

4. FEI Number <b>65-1039125</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>PADIAL, JOSE I PA 999 PONCE DE LEON BLVD., SUITE 715 CORAL GABLES, FL 33134</b>
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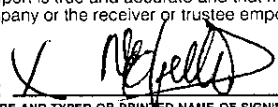
7. Name and Address of New Registered Agent Name <b>2600 Douglas Rd. PH 6 Coral Gables FL 33134</b>
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <b>Jose I. Padial registered agent</b> DATE <b>1/13/04</b>
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<b>Filing Fee is \$50.00 Due by May 1, 2004</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR EPELBOIM, NOEL 999 PONCE DE LEON BLVD., SUITE 715 CORAL GABLES, FL 33134</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2600 Douglas Rd. PH 6 CORAL GABLES, FL 33134</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.	
<b>SIGNATURE:</b> 	<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</b>
Date	Daytime Phone #