


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 19, 2007 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # L00000014369 1. Entity Name ONE ARBOURS LLC |  |
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|--|--|
| Principal Place of Business 3521 N 53RD AVE. HOLLYWOOD, FL 33021 | Mailing Address 3521 N 53RD AVE. HOLLYWOOD, FL 33021 |
|--|--|

DO NOT WRITE IN THIS SPACE



03102007 No Chg-LLC CR2E083 (11/05)

| | |
|---|--|
| 4. FEI Number 65-1062602 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

**LOWITZ, STEPHEN G
3521 N 53RD AVE.
HOLLYWOOD, FL 33021**

**DO NOT WRITE
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 Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

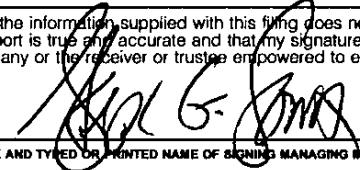
**Filing Fee is \$50.00
Due by May 1, 2007**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM LOWITZ, STEPHEN 3521 N 53RD AVE. HOLLYWOOD, FL 33021 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MEM LOWITZ, ELAINE K 3521 N. 53RD AVE. HOLLYWOOD, FL 33021 |
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U00000672398
03/28/07-80067-017 50.00

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IN THIS SPACE**

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:  **STEPHEN G. LOWITZ** 3/14/07 954 9634552

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #