


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000014787

1. Entity Name
 ARGO, LLC



Principal Place of Business Mailing Address

8901 BOGGY CREEK RD. 8909 TURNBERRY CT.
 SUITE 100 ORLANDO, FL 32819
 ORLANDO, FL 32824



03232005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 59-3687158 Not Applicable

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

6. Name and Address of Current Registered Agent

TSAI, YIN-KI
 8909 TURNBERRY CT.
 ORLANDO, FL 32819

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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: *X [Signature]* 3/31/2005 DATE

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, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	YINKI TSAI
STREET ADDRESS	8909 TURNBERRY CT.
CITY - ST - ZIP	ORLANDO, FL 32819
TITLE	MGR
NAME	ELISA CHEN
STREET ADDRESS	8909 TURNBERRY CT.
CITY - ST - ZIP	ORLANDO, FL 32819
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

04/04/05-30035-002 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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.

SIGNATURE: *X [Signature]* 3/31/05 407-8169455 Date Daytime Phone #

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