

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 23, 2004 8:00 am
Secretary of State

06-23-2004 90073 016 ****50.00

14024260



DOCUMENT # L01000006377 1. Entity Name ARPENT REALTY, L.L.C.			
Principal Place of Business 2601 S. BAYSHORE DRIVE SUITE 1600 MIAMI, FL 33133		Mailing Address 2601 S. BAYSHORE DRIVE SUITE 1600 MIAMI, FL 33133	
2. Principal Place of Business 8930 S.W. 115th Terrace Suite, Apt. #, etc.		3. Mailing Address 8930 S.W. 115th Terrace Suite, Apt. #, etc.	
City & State Miami Florida		City & State Miami Florida	
Zip 33176		Zip 33176	
Country		Country	
4. FEI Number 65-1098919		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KRINZMAN, ALAN E ADORNO & ZEDER 2601 S. BAYSHORE DRIVE - SUITE 1600 MIAMI, FL 33133		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 September 8, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KRINZMAN, ALAN E 2601 S. BAYSHORE DRIVE - SUITE 1600 MIAMI, FL 33133	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Alan E. Krinzman 8930 S.W. 115th Terrace Miami, FL 33176
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.			
SIGNATURE: <u>Alan E. Krinzman</u> Mgr 6/17/04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			