


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 21, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L01000009296 1. Entity Name LOS ARCOS L.L.C.	
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Principal Place of Business 6020 NW 91ST AVE. PARKLAND, FL 33067	Mailing Address 6020 NW 91ST AVE. PARKLAND, FL 33067
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**DO NOT WRITE IN THIS SPACE**



03162005No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1118817	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  OZ, SAM 6020 NW 91ST AVE PARKLAND, FL 33067	<b>DO NOT WRITE IN THIS SPACE</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 \_\_\_\_\_ (NOTE Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

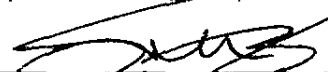
**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OZ, SAM RACHEL 6020 NW 91ST AVE. PARKLAND, FL 33067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OZ, MOSHE 6020 NW 91ST AVE. PARKLAND, FL 33067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NISENHOUSE, ZEEV 6020 NW 91ST AVE. PARKLAND, FL 33067
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**

U00000272255  
03/21/05-80081-021 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:  3/16/2005  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #