

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000009888 1. Entity Name ARIZO HOLDINGS L.C.				Secretary of State	
Principal Place of Business 4801 S. UNIVERSITY DR. 263 DAVIE, FL 33328		Mailing Address 4801 S. UNIVERSITY DR. 263 DAVIE, FL 33328			
DO NOT WRITE IN THIS SPACE					
				04272004 No Chg-LLC CR2E083 (10/03)	
				4. FEI Number 65-1137161	
				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 RIZO, ARMANDO 4801 S. UNIVERSITY DR., #263 DAVIE, FL 33328				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$50.00 Due by May 1, 2004					
9. MANAGING MEMBERS/MANAGERS				DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RIZO, ARMANDO 4801 S. UNIVERSITY DR. #263 DAVIE, FL 33328				
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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.				U000000152746 05/04/04-80097-023 50.00	
SIGNATURE:  Armando I. Rizo				Date: Apr 27/04 (571) 346264	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE				Daytime Phone: _____	