

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L02000002062

1. Entity Name
ARGYLE DEVELOPMENT SOLUTIONS, LLC



Principal Place of Business
**2421 LAKE PANCOAST DRIVE
3A
MIAMI BEACH, FL 33140**

Mailing Address
**2421 LAKE PAN COAST DRIVE
3A
MIAMI BEACH, FL 33140**



02142007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 75-2984472	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

**FITZPATRICK, LYNN A
2421 LAKE PANCOAST DRIVE, #3A
MIAMI BEACH, FL 33140**

**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 *Lynn Fitzpatrick*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/14/07
DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	FITZPATRICK, LYNN A
STREET ADDRESS	2421 LAKE PANCOAST DR #3A
CITY-ST-ZIP	MIAMI BEACH, FL 33140

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02/28/07-80017-017 50.00

**DO NOT WRITE
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 606, Florida Statutes.

SIGNATURE: *Lynn Fitzpatrick*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2/14/07 (305) 674-1734
Date Daytime Phone #