


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000011521</b> 1. Entity Name ARSHEY, LLC	
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Principal Place of Business 61 MAYFAIR LANE BOYNTON BEACH, FL 33426	Mailing Address 61 MAYFAIR LANE BOYNTON BEACH, FL 33426
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**DO NOT WRITE IN THIS SPACE**



04102005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 48-1203547	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  MOUSHEY, JEAN A 61 MAYFAIR LANE BOYNTON BEACH, FL 33426
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MOUSHEY, JEAN A 61 MAYFAIR LANE BOYNTON BEACH, FL 33426
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ARNOLD, LESLEE A 935 EAGLEVIEW LANE SANDPOINT, ID 83864
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IN THIS SPACE**

U00000358655  
05/04/05-80044-001 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 606, Florida Statutes.

**SIGNATURE:** Jean Moushey Jean Moushey 4/29/05 561 357 8001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #