


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000012086 1. Entity Name ARNEB, LLC	
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Principal Place of Business 9625 WES KEARNEY WAY RIVERVIEW, FL 33569	Mailing Address PO BOX 5299 TAMPA, FL 33675-5299
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DO NOT WRITE IN THIS SPACE



04072004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 03-0449584	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**HARRIS, TRACY J JR
9625 WES KEARNEY WAY
RIVERVIEW, FL 33569**

**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, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HARRIS, TRACY J JR 701 INDIANA AVENUE PALM HARBOR, FL 34683
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KEARNEY, BING 911 SEDDON COVE WAY TAMPA, FL 33602
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04/29/04-80089-024 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:  **4/26/04** **813/621-7454**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #