


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

Feb 03, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000015156 1. Entity Name ARREDO U.S.A., L.L.C.	
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Principal Place of Business 19621 ESTUARY DRIVE BOCA RATON, FL 33498	Mailing Address 2900 GLADES CIRCLE 850 WESTON, FL 33327
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01262005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 51-0477986	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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d. Name and Address of Current Registered Agent BADELL, MARTHA 1914 CEDAR COURT WESTON, FL 33327
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (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	P CASARIN, ARIO 19621 ESTUARY DRIVE BOCA RATON, FL 33498
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<p>000000213905 02/03/05-80090-012 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

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:  **01/26/05** **954/349/0357**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #