

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90080 008 \*\*\*\*55.00

DOCUMENT # L02000020110



1. Entity Name  
**ARC GROUP INVESTMENTS, LLC**

Principal Place of Business  
**3702 NE 171 ST APT #9  
NORTH MIAMI BEACH FL 33160**

Mailing Address  
**3702 NE 171 ST APT #9  
NORTH MIAMI BEACH FL 33160**

2. Principal Place of Business  
**381 E SHERIDAN ST  
# 308**

3. Mailing Address  
**381 E SHERIDAN ST  
# 308**

Suite, Apt. #, etc.

City & State  
**DANIA BEACH FL**

City & State  
**DANIA BEACH FL**

Zip  
**33004**

Country  
**BROWARD**

Zip  
**33004**

Country  
**BROWARD**

4. FEI Number  
**73-1655016**

Applied For  
 Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent  
**SCHIAPPACASSE, MARCELO A  
3702 NE 171 ST APT #9  
NORTH MIAMI BEACH FL 33160**

7. Name and Address of New Registered Agent

Name  
**SCHIAPPACASSE, MARCELO A**

Street Address (P.O. Box Number is Not Acceptable)  
**381 E SHERIDAN ST  
# 308**

City  
**DANIA BEACH FL**

Zip Code  
**33004**

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]* DATE **1/16/03**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

| 9. MANAGING MEMBERS/MANAGERS                     |                                 |
|--|---------------------------------|
| TITLE<br><b>MGR</b>                              | <input type="checkbox"/> Delete |
| NAME<br><b>SCHIAPPACASSE, MARCELO A</b>          |                                 |
| STREET ADDRESS<br><b>3702 NE 171 ST APT #9</b>   |                                 |
| CITY-ST-ZIP<br><b>NORTH MIAMI BEACH FL 33160</b> |                                 |
| TITLE  | <input type="checkbox"/> Delete |
| NAME   |                                 |
| STREET ADDRESS                                   |                                 |
| CITY-ST-ZIP                                      |                                 |
| TITLE  | <input type="checkbox"/> Delete |
| NAME   |                                 |
| STREET ADDRESS                                   |                                 |
| CITY-ST-ZIP                                      |                                 |
| TITLE  | <input type="checkbox"/> Delete |
| NAME   |                                 |
| STREET ADDRESS                                   |                                 |
| CITY-ST-ZIP                                      |                                 |
| TITLE  | <input type="checkbox"/> Delete |
| NAME   |                                 |
| STREET ADDRESS                                   |                                 |
| CITY-ST-ZIP                                      |                                 |

| 10. ADDITIONS/CHANGES                                |  |
|--|--|
| TITLE<br><b>BP</b>                                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   |  |
| STREET ADDRESS<br><b>381 E SHERIDAN ST<br/># 308</b> |  |
| CITY-ST-ZIP<br><b>DANIA BEACH, FL 33004</b>          |  |
| TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   |  |
| STREET ADDRESS                                       |  |
| CITY-ST-ZIP  |  |
| TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   |  |
| STREET ADDRESS                                       |  |
| CITY-ST-ZIP  |  |
| TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   |  |
| STREET ADDRESS                                       |  |
| CITY-ST-ZIP  |  |

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.

SIGNATURE: *[Signature]* DIRECTOR DATE **1/16/03** 786-286-7737

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)