


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 12, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000023762
 1. Entity Name
 ARENA DEL, LLC



Principal Place of Business Mailing Address
 6545 HIDDEN BEACH CIRCLE 6545 HIDDEN BEACH CIRCLE
 ORLANDO, FL 32819 ORLANDO, FL 32819

DO NOT WRITE IN THIS SPACE



02082005No Chg-LLC CR2E083 (10/03)

4. FEI Number Applied For
 41-2059898 Not Applicable

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

6. Name and Address of Current Registered Agent
 COHEN, DAVID S
 5728 MAJOR BLVD., SUITE 550
 ORLANDO, FL 32819

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**

1100000227527
 02/14/05-80005-009 50.00

9. MANAGING MEMBERS/MANAGERS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM PATEL, PRADEE P 6545 HIDDEN BEACH CIRCLE ORLANDO, FL 32819 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR PATEL, DAKSHA 6545 HIDDEN BEACH CIRCLE ORLANDO, FL 32819 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

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)(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 of the registrant, and am duly empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Pradeep Patel Date: 2/8/05 Daytime Phone: 407-294-2020

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