


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90086 039 ***138.75

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**

00000400



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
9101 SOUTHERN BREEZE DR **9101 SOUTHERN BREEZE DR**

Suite, Apt. #, etc. Suite, Apt. #, etc.

01302008 Chg-LLC CR2E083 (12/06)

City & State City & State
ORLANDO, FL. **ORLANDO, FL.**

Country Country
U.S.A. **U.S.A.**

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

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PATEL, PRADEE P <input checked="" type="checkbox"/> Delete 6545 HIDDEN BEACH CIRCLE ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input checked="" type="checkbox"/> Delete PATEL, DAKSHA 6545 HIDDEN BEACH CIRCLE ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PATEL, PRADEE P 9101 SOUTHERN BREEZE DR ORLANDO, FL 32836
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PATEL, DAKSHA 9101 SOUTHERN BREEZE DR, ORLANDO, FL 32836
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Praadee Patel PRADEE PATEL 01/31/08 407-363-0101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #