


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90023 020 ****50.00

DOCUMENT # L03000005343	
1. Entity Name ARVESU & ASSOCIATES, P.L.L.C.	

Principal Place of Business 201 ALHAMBRA CIRCLE, SUITE 502 CORAL GABLES, FL 33134	Mailing Address 201 ALHAMBRA CIRCLE, SUITE 502 CORAL GABLES, FL 33134
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04182005 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 27-0076937	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ARVESU, MANUEL M
 201 ALHAMBRA CIRCLE, SUITE 502
 CORAL GABLES, FL 33034

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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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MANUEL M. ARVESU, P.A. 201 ALHAMBRA CIRCLE, SUITE 502 CORAL GABLES, FL 33134
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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:  **4/22/05 305-442-2558**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date