


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006 08:00 AM
Secretary of State

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**



04182006No Chg-LLC CR2E083 (11/05)

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**

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, 2006**

U00000542402
 05/10/06-80098-001 50.00

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 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:  **Manuel M. Arvesu** **4/25/06** **305-412-2558**

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