

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000013664

Entity Name: ARGENT P01, LLC

FILED
Apr 22, 2005
Secretary of State

Current Principal Place of Business:

889 ALDER AVENUE, SUITE 300
INCLINE VILLAGE, NV 89451

New Principal Place of Business:

Current Mailing Address:

889 ALDER AVENUE, SUITE 300
INCLINE VILLAGE, NV 89451

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: GOTTLIEB, STEPHEN P PRES
Address: 889 ALDER AVE, SUITE 300
City-St-Zip: INCLINE VILLAGE, NV 89452 US

Title: MGRM () Delete
Name: MILLER, DENISE M SEC
Address: 889 ALDER AVE, SUITE 300
City-St-Zip: INCLINE VILLAGE, NV 89452 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: STEPHEN P GOTTLIEB

MGRM

04/22/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date