

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000014348

Entity Name: ARPAD ADVISORS, L.L.C.

FILED
May 07, 2004
Secretary of State

Current Principal Place of Business:

37 CARDINAL
NORTH FORT MYERS, FL 33903

New Principal Place of Business:

438 ANCHOR WAY
NORTH FORT MYERS, FL 33903

Current Mailing Address:

37 CARDINAL
NORTH FORT MYERS, FL 33903

New Mailing Address:

752 OVERIVER DR.
NORTH FORT MYERS, FL 33903

FEI Number: 55-0827463

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARPAD, DIANA
37 CARDINAL
NORTH FORT MYERS, FL 33903

Name and Address of New Registered Agent:

ARPAD, DIANA
752 OVERIVER DR.
NORTH FORT MYERS, FL 33903

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: DIANA LACOMB ARPAD

05/07/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: ARPAD, DIANA L PR
Address: 752 OVERIVER DR.
City-St-Zip: N. FT. MYERS, FL 33903

Title: MGRM () Change (X) Addition
Name: ARPAD, SHELDON
Address: 752 OVERIVER DR.
City-St-Zip: N. FT. MYERS, FL 33903

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: DIANA LACOMB ARPAD

PR

05/07/2004

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