## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 24, 2005 08:00 AM Secretary of State

ANNUAL REPORT	- C - C C
DOCUMENT # L03000019173  1. Entity Name ARCIS REALTY LLC	Secretary of State
Principal Place of Business  2908 BAY TO BAY BLVD. SUITE 200 TAMPA, FL 33629 US  Mailing Address 2908 BAY TO BAY BLVD., SUITE 200 TAMPA, FL 33629 US	
64.	T TORNER ON BOTH IN THE BOWN OF STANDERS WITH THE STANDARD WAS INVESTED BY THE
DO NOT WRITE IN THIS SPACE	01172005 No Chg-LLC CR2E083 (10/03)
DO NOT WAITE IN THIS SPACE	4. FEI Number Applied For 90-0084623 Not Applicable
	5. Certificate of Status Desired Solution Status Desired Fee Required
6. Name and Address of Current Registered Agent	
BURDGE, BRUCE D 2908 BAY TO BAY BLVD.	DO NOT WRITE
SUITE 200 TAMPA, FL 33629	IN THIS SPACE
<ol><li>The above named entity submits this statement for the purpose of changing its registered office or regist the obligations of registered agent.</li></ol>	tered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE  Signature, typed or printed name of registered agent and title II applicable. (NOTE Registered Agent algorithms required)	red when reinstaling) DATE
Filing Fee is \$50.00 Due by May 1, 2005	U00000242068 _02/24/05~80064-023 50.00
9. MANAGING MEMBERS/MANAGERS	
TITLE MGR  NAME ARCIS INVESTMENTS, INC.  STREET ADDRESS 2908 BAY TO BAY BLVD., SUITE 200  CITY-ST-ZIP TAMPA, FL 33629	•
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS	
<ul> <li>11. I hereby certify that the information supplied with his filing does not craffly for the exemption stated in S indicated on this report is true and accurate and that my signature and that the same legal effect as if limited flability company or the receiver or trustee empowered to see this report as required by Cha.</li> </ul>	Section 119.07(3)(i), Florida Statutes, I further certify that the information made under oath, that I am a managing member or manager of the

URE:

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING MANAGING MEMBER, OF AUTHORIZED REPRESENTATIVE