


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 08, 2006 8:00 am**  
**Secretary of State**

02-08-2006 90087 027 \*\*\*\*50.00

<b>DOCUMENT # L03000020923</b> 1. Entity Name <b>ARVUS INVESTMENTS, LLC</b>					
Principal Place of Business <b>222 SW 15 ROAD MIAMI, FL 33129</b>			Mailing Address <b>222 SW 15 ROAD MIAMI, FL 33129</b>		
2. Principal Place of Business <b>1010 HARDEE RD</b>		3. Mailing Address <b>1010 HARDEE RD.</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>CORAL GABLES, FL</b>		City & State <b>CORAL GABLES, FL</b>		4. FEI Number <b>NOT APPLICABLE</b>	
Zip <b>33146</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DALY, JOHN E 222 SW 15 ROAD MIAMI, FL 33129</b>		7. Name and Address of New Registered Agent Name <b>JOHN DALY</b> Street Address (P.O. Box Number is Not Acceptable) <b>1010 HARDEE RD.</b> City <b>CORAL GABLES FL</b> Zip Code <b>33146</b>			
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 <b>JOHN DALY</b> DATE <b>6-FEB-2006</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM DALY, JOHN E 222 SW 15 ROAD MIAMI, FL 33129</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM JOHN DALY 1010 HARDEE RD CORAL GABLES, FL 33146</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <b>JOHN DALY</b>			<b>6-FEB-2006 786.271.7829</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		