


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 14, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000022179
 1. Entity Name
ARSI CARE GROUP LLC



Principal Place of Business 2050 CORAL WAY, SUITE 203 MIAMI, FL 33145	Mailing Address 2050 CORAL WAY, SUITE 203 MIAMI, FL 33145
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DO NOT WRITE IN THIS SPACE



01132005No Chg-LLC CR2E083 (10/03)

4. FEI Number 74-3098131	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

8. Name and Address of Current Registered Agent
 ARCINIEGA, FERNANDO
 2050 CORAL WAY, SUITE 203
 MIAMI, FL 33145

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9. 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 restoring) DATE: _____

Filing Fee is \$50.00 Due by May 1, 2005

1100000229627
 02/15/05-80005-014 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SILVA, CARLOS 8351 SW 139TH TERRACE MIAMI, FL 33158
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ARCINIEGA, FERNANDO 5441 ALTON RD MIAMI BEACH, FL 33140
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11. I hereby certify that the information supplied with this filing does not qualify 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 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 606, Florida Statutes.

SIGNATURE:  **2-10-05 305-854-3234**

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