


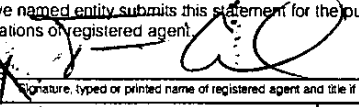
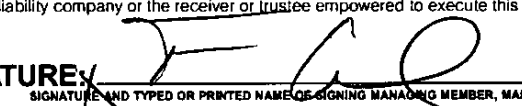
2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90044 015 ****50.00

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DOCUMENT # L03000025223			
1. Entity Name ARNEL ARIZEN LLC			
Principal Place of Business 5220 WHISPER DRIVE CORAL SPRINGS, FL 33067 US		Mailing Address 5220 WHISPER DRIVE CORAL SPRINGS, FL 33067 US	
2. Principal Place of Business 2824 NE 23 Ave.		3. Mailing Address 2824 NE 23 Ave.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Lighthouse Point, FL		City & State Lighthouse Point, FL	
Zip 33064	Country US	Zip 33064	Country US
4. FEI Number 54-2116874		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		04032006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent ARNEL, TIMOTHY C 5220 WHISPER DRIVE CORAL SPRINGS, FL 33067		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2824 NE 23 Ave. City Lighthouse Point FL Zip Code 33064	
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  Tim Arnel DATE 4/6/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGRM ARNEL, TIMOTHY C 5220 WHISPER DRIVE CORAL SPRINGS, FL 33067	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 2824 NE 23 Ave. Lighthouse Point, FL 33064	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGRM WADE - ARNEL, KELLY S 5220 WHISPER DRIVE CORAL SPRINGS, FL 33067	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 2824 NE 23 Ave Lighthouse Point, FL 33064	<input checked="" 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.			
SIGNATURE 		Tim Arnel 4/6/06 954-984-4577 Date Daytime Phone #	