


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2008 08:00 A
Secretary of State

DOCUMENT # L03000033432

1. Entity Name
 ARP MANAGEMENT, L.L.C.



Principal Place of Business 11 N. SUMMERLIN AVENUE 101 ORLANDO, FL 32801 US	Mailing Address 11 N. SUMMERLIN AVENUE 101 ORLANDO, FL 32801 US
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02072008No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0225177	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

RAMPY, PHILIP C
 11 N. SUMMERLIN AVENUE
 101
 ORLANDO, FL 32801

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RAMPY, PHILIP C 11 N. SUMMERLIN AVENUE, SUITE 101 ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PELLI, DAHLIA 1140 WASHINGTON AVENUE WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ARCH, RUTH ANNE 1770 WALNUT AVENUE WINTER PARK, FL 32789
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/23/08-80077-021-143.75

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: Phil Rampy 4/9/08 407-425-5069
SIGNATURE AND TYPED OR PRINTED NAME OF SENDING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #