


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90211 042 \*\*\*\*50.00

<b>DOCUMENT # L03000034871</b> 1. Entity Name ARGUS INTERNATIONAL, LC			
Principal Place of Business 80 SOUTHWEST 8TH STREET, SUITE 3100 MIAMI, FL 33130		Mailing Address 80 SOUTHWEST 8TH STREET, SUITE 3100 MIAMI, FL 33130	
2. Principal Place of Business <i>10125 N.W. 116 Way</i> Suite, Apt. #, etc. <i>Suite 5</i>		3. Mailing Address <i>10125 N.W. 116 Way</i> Suite, Apt. #, etc. <i>Suite 5</i>	
City & State <i>Medley FL</i>		City & State <i>Medley FL</i>	
Zip <i>33178</i>		Zip <i>33178</i>	
Country <i>USA</i>		Country <i>USA</i>	
6. Name and Address of Current Registered Agent  BEFELER, GEORGE 80 SOUTHWEST 8TH STREET, SUITE 3100 MIAMI, FL 33130		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
<b>Filing Fee is \$50.00 Due by May 1, 2005</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	MGRM BEGUILLARD, ROBERTO 10125 NW 116TH WAY, #5 MEDLEY, FL 33178	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HERNANDEZ, ALFONSO 10125 NW 116 WAY, #5 MEDLEY, FL 33178	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM 	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM 	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 608, Florida Statutes.			
<b>SIGNATURE:</b> <i>R. J. [Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date: <i>3/22/05</i> Daytime Phone #: <i>305-888-4881</i>	