

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000039334					
1. Entity Name ARGOS PROPERTIES, LLC					
Principal Place of Business 260 CRANDON BOULEVARD #8 KEY BISCAYNE, FL 33149 US			Mailing Address 260 CRANDON BOULEVARD #8 KEY BISCAYNE, FL 33149 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 41-2112059	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent GARBER, HAROLD M 2899 NE 191 ST SUITE 903 MIAMI, FL 33180			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number Is Not Acceptable) City		
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.			FL Zip Code		
SIGNATURE _____ (NOTE: Registered Agent signature required when registering)					
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 ROMERO, SANTIAGO 260 CRANDON BOULEVARD, #8 KEY BISCAYNE, FL 33149	☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ORTIZ, EVARISTO A 354 SEVILA AVENUE CORAL GABLES, FL 33134	☐ Delete		1100000530272 05/05/06-20112-013-013	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FERNANDEZ, EDUARDO 260 CRANDON BOULEVARD, #8 KEY BISCAYNE, FL 33149	☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FERNANDEZ, MANUEL 260 CRANDON BOULEVARD, #8 KEY BISCAYNE, FL 33149	☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		☐ Change ☐ 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 609, Florida Statutes.					
SIGNATURE: <u>Manuel Fernandez</u>				Date: <u>4/18/06</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF 2006/06 MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Daytime Phone #: <u>786 213 2598</u>	