## **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

## FILED Feb 03, 2004 8:00 am Secretary of State DOCUMENT # L03000041456

1. Entity Name A.R. RIMI, L.L.C.					02-03-2004 90050 049 ****50.00				
Principal Place of Business		Mailing Address							
446 LAKEVIEW DR.		446 LAKEVIEW DR.							
UNIT 1 Weston, FL 33326		UNIT 1 Weston, FL 33326						 	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01052004	Chg-LLC	CR2E083 (10/03)			
City & State		City & State		<u>.</u>	4. FEI Number		Applied For Not Applicable		
Zip	Country Zip		Country		5. Certificate o	of Status Desired		5.00 Add	itional
	6. Name and Address of Current				7. Name and Address of New Registered Agent				
RIMI, ARLI	ENE R			Name					
446 LAKEVIEW DR. UNIT 1				Street Address (P.O. Box Number is Not Acceptable)					
WESTON, FL 33326				}		<u></u>			
				City			FL	Zip Code	9
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 Signature, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  OATE									
					\$	10 m 22 m 25 m 16 m	0.000000		
FI	ling Fee is \$50.00 ue by May 1, 2004						check pa Departme	yable to nt of State	•
9.	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS/0	CHANGES		
TITLE	MGR	☐ Delete	TITL					☐ Change	☐ Addition
NAME STREET ADDRESS	RIMI, ARLENE R 446 LAKEVIEW DR.		NAM STRE	ET ADORESS					
CITY-ST-ZIP			-ST-ZIP						
TITLE		☐ Delete	πι	E				☐ Change	☐ Addition
NAME Street address			NAM	E EET ADDRESS					
CITY-ST-ZIP				-ST-ZIP					
TITLE		☐ Delete	tm				-	Change_	Addition
NAME			NAM						
STREET ADDRESS CITY- ST-ZIP				ET ADDRESS - St- Zip					
TITLE		☐ Delete	TITL	E				☐ Change	Addition
NAME			NAM						
STREET ADDRESS City-St-ZDP				ET ADDRESS - St-Zip					
TITLE		☐ Defete	TIπL	E				Change	Addition
NAME	4		NAM	l l					ļ
STREET ADDRESS				ET ADDRESS -ST-ZIP	_			* -	
TITLE NAME	7	☐ Delete	TITL	l		, , ,	. • . •	☐ Čharige	Addition
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP			CITY	- ST-20P		* -			-
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 1 am a managing member or manager of the limited flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.									