

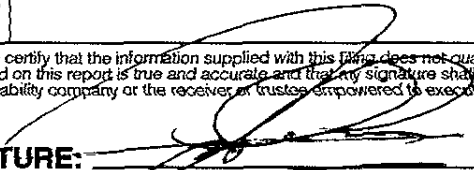


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000041873</b>						
1. Entity Name ARC, LLC						
Principal Place of Business 7811 PORTO SUENO AVE BRADENTON, FL 34209	Mailing Address PO BOX 99 LONGBOAT KEY, FL 34228					
<b>DO NOT WRITE IN THIS SPACE</b>						
		 01192005No Chg-LLC      CR2E083 (10/03)				
		<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 80%; padding: 2px;">4. FEI Number 20-1437069</td><td style="width: 20%; padding: 2px;">Applied For Not Applicable</td></tr><tr><td colspan="2" style="padding: 2px;">5. Certificate of Status Desired    <input type="checkbox"/>    <b>\$5.00 Additional Fee Required</b></td></tr></table>	4. FEI Number 20-1437069	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
4. FEI Number 20-1437069	Applied For Not Applicable					
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>						
6. Name and Address of Current Registered Agent  WICKMAN & WYCKOFF, P.A. 4909 MANATEE AVE. WEST BRADENTON, FL 34209		<b>DO NOT WRITE IN THIS SPACE</b>				
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) <small>Signature, typed or printed name of registered agent and title if applicable.      DATE</small>						
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>						
9. <b>MANAGING MEMBERS/MANAGERS</b>		<b>DO NOT WRITE IN THIS SPACE</b>				
TITLE	MGR					
NAME	VERMEREN, NORA					
STREET ADDRESS	7811 PORTO SUENO AVE.					
CITY- ST- ZIP	BRADENTON, FL 34209					
TITLE	MGR					
NAME	VERMEREN, JOSEPH					
STREET ADDRESS	7811 PORTO SUENO AVE.					
CITY- ST- ZIP	BRADENTON, FL 34209					
TITLE						
NAME						
STREET ADDRESS						
CITY- ST- ZIP						
TITLE						
NAME						
STREET ADDRESS						
CITY- ST- ZIP						
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 		1/18/05 941-705-2000				
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date      Daytime Phone #</small>				