

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000042195

Entity Name: ARKETYPE, L.L.C.

FILED  
May 06, 2006  
Secretary of State

## Current Principal Place of Business:

1222 SIMONTON STREET  
KEY WEST, FL 33040

## New Principal Place of Business:

1508 BAY RD  
1445  
MIAMI BEACH, FL 33139

## Current Mailing Address:

1222 SIMONTON STREET  
KEY WEST, FL 33040

## New Mailing Address:

1508 BAY RD  
1445  
MIAMI BEACH, FL 33139

FEI Number: 20-0513474      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

ECKSTEIN, ALAN ESQ.  
3010 FLAGLER AVENUE  
KEY WEST, FL 33040 US

## Name and Address of New Registered Agent:

PERRIN, DENIS A  
1508 BAY RD  
1445  
MIAMI BEACH, FL 33139 US

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.

SIGNATURE: DENIS A PERRIN

05/06/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: PERRIN, DENIS  
Address: 1118 20TH STREET  
City-St-Zip: KEY WEST, FL 33040

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: PERRIN, DENIS A  
Address: 1508 BAY RD. 1445  
City-St-Zip: MIAMI BEACH, FL 33139

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DENIS A PERRIN

MGR

05/06/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date