

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 17, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90074 034 \*\*\*\*55.00

**DOCUMENT # L03000043658**

1. Entity Name  
**ARGENT DWELLINGS, LLC**



Principal Place of Business  
**7027 WEST BROWARD BLVD, #240  
FT LAUDERDALE, FL 33317**

Mailing Address  
**7027 WEST BROWARD BLVD, #240  
FT LAUDERDALE, FL 33317**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
City & State

Zip  
Country

Zip  
Country

04052004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**20-0378498**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**CORPCO, INC.  
2699 S BAYSHORE DR, SEVENTH FLOOR  
MIAMI, FL 33133**

7. Name and Address of New Registered Agent  
Name  
**Henry L. Chisholm**  
Street Address (P.O. Box Number is Not Acceptable)  
**600 W Pine Island Road**  
Suite 450  
City  
**Ft. Lauderdale** FL Zip Code  
**33324**

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]* (NOTE: Registered Agent signature required when reappointing) DATE **4-26-04**

Filing Fee is \$50.00  
Due by May 1, 2004

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHISHOLM MANAGEMENT CORP 7027 WEST BROWARD BLVD, #2103 FT LAUDERDALE, FL 33317	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *[Signature]* DATE **4-26-04** DAYTIME PHONE **954-792-1990**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE