


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 10, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000054630</b> 1. Entity Name HAROLD ARELLANO, LLC	
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Principal Place of Business 2490 SW 163RD TER MIRAMAR, FL 33027	Mailing Address 2490 SW 163RD TER MIRAMAR, FL 33027 US
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  ARELLANO, HAROLD J 2490 SW 163RD TER MIRAMAR, FL 33027	<b>DO NOT WRITE IN THIS SPACE</b>
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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: *Harold Arellano* 02/07/05  
Signature, typed or printed name of registered agent, and date (if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ARELLANO, HAROLD J 2490 SW 163RD TER MIRAMAR, FL 33027
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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: *Harold Arellano* 02/07/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #