
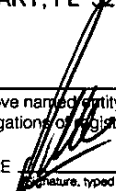
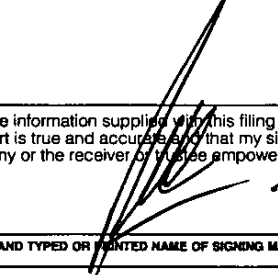


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2005 8:00 am
Secretary of State

01-14-2005 90037 010 ****55.00

DOCUMENT # L04000001562 1. Entity Name ARG PROPERTIES, L.L.C.					
Principal Place of Business 166 BROADMOOR DRIVE LAKE MARY, FL 32746			Mailing Address 166 BROADMOOR DRIVE LAKE MARY, FL 32746		
2. Principal Place of Business 168 S.E. 1st Street Suite, Apt. #, etc. 600		3. Mailing Address 168 S.E. 1st Street Suite, Apt. #, etc. 600			
City & State MIAMI- FL		City & State MIAMI- FL		4. FEI Number 02-0713961	
Zip 33131		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ROMAN, NORBERTO M 166 BROADMOOR DRIVE LAKE MARY, FL 32746			7. Name and Address of New Registered Agent Name ROMAN, NORBERTO M. Street Address (P.O. Box Number is Not Acceptable) 168 S.E. 1st Street - Suite 600 City MIAMI FL Zip Code 33131		
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  NORBERTO M. ROMAN - MGR. MEMBER JAN-10-05 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SPERTI, VINCENT R 166 BROADMOOR DR. LAKE MARY, FL 32746		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROMAN, NORBERTO M. 168 S.E. 1st Street - Suite 600 MIAMI- FL - 33131	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied in 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: 			JAN-10-05 (305) 381-6810		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		

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01102005 Chg-LLC CR2E083 (10/03)