2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000006492

Entity Name: ARCADI ENTERPRISES L.L.C.

FILED Mar 28, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

HC5 BOX 455 SENINOLE DR.

SEMINOLE DRIVE
OLD TOWN, FL 32680

347 NE 544 STREET
OLD TOWN, FL 32680

Current Mailing Address: New Mailing Address:

HC5 BOX 455 SENINOLE DR.

SEMINOLE DRIVE
OLD TOWN, FL 32680

347 NE 544 STREET
OLD TOWN, FL 32680

FEI Number: 55-0857290 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ARCADI, PATRICIA A
HC5 BOX 455 SENINOLE DR.
SEMINOLE DRIVE
OLD TOWN, FL 32680 US

ARCADI, PATRICIA A
347 NE 544 STREET
OLD TOWN, FL 32680 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: PATRICIA A. ARCADI 03/28/2005

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:

Title: MGR () Delete Title: MGR (X) Change () Addition

 Name:
 ARCADI, VINCENT J
 Name:
 ARCADI, VINCENT J

 Address:
 HC5 BOX 455 SENINOLE DR.
 Address:
 347 NE 544 STREET

 City-St-Zip:
 OLD TOWN, FL 32680
 City-St-Zip:
 OLD TOWN, FL 32680

Title: MGRM () Delete Title: MGRM (X) Change () Addition Name: ARCADI, PATRICIA A Name: ARCADI, PATRICIA A Address: HC5 BOX 455 SENINOI F DR Address: 347 NF 544 STREFT

 Address:
 HC5 BOX 455 SENINOLE DR.
 Address:
 347 NE 544 STREET

 City-St-Zip:
 OLD TOWN, FL 32680
 City-St-Zip:
 OLD TOWN, FL 32680

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PATRICIA A. ARCADI MGRM 03/28/2005