

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000022374

Entity Name: ARVOS, L.L.C.

FILED  
Jan 11, 2007  
Secretary of State

## Current Principal Place of Business:

2301 SUNRISE BLVD  
FORT PIERCE, FL 349823500

## New Principal Place of Business:

2301 SUNRISE BLVD  
SUITE C  
FORT PIERCE, FL 349823500

## Current Mailing Address:

3305 S.E. FEDERAL HIGHWAY  
STUART, FL 34997

## New Mailing Address:

1665 SE LAKE LEGACY WAY  
STUART, FL 34997

FEI Number: 20-0902418

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CRARY, LAWRENCE E III  
555 COLORADO AVENUE  
STUART, FL 34994 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: VAKANI, ARVIND  
Address: 3305 S.E. FEDERAL HIGHWAY  
City-St-Zip: STUART, FL 34997

Title: MGR (X) Delete  
Name: MONSALVE, CARLOS  
Address: 5237 S.E. INKWOOD WAY  
City-St-Zip: HOBE SOUND, FL 33455

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: VAKANI, ARVIND K DR.  
Address: 1665 SE LAKE LEGACY WAY  
City-St-Zip: STUART, FL 34997

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ARVIND K. VAKANI

MGR

01/11/2007

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