

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000022665

Entity Name: THE ARCH GROUP LLC

FILED
May 01, 2007
Secretary of State

Current Principal Place of Business:

P.O. BOX 560457
ORLANDO, FL 32856

New Principal Place of Business:

817 MENENDEZ CT
ORLANDO, FL 32801

Current Mailing Address:

P.O. BOX 560457
ORLANDO, FL 32856

New Mailing Address:

P.O. BOX 94
WINDERMERE, FL 32856

FEI Number: 20-0905083 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HASSEN, ERIC
813 MENENDEZ COURT
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

LAMBERT, PA
817 MENENDEZ COURT
ORLANDO, FL 32801 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: LAMBERT PA

05/01/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HASSEN, ERIC
Address: 813 MENENDEZ CT
City-St-Zip: ORLANDO, FL 32801

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HASSEN, ERIC
Address: 817 MENENDEZ CT
City-St-Zip: ORLANDO, FL 32801

Title: MGRM () Change (X) Addition
Name: WARREN, BETHANY
Address: 817 MENENDEZ CT
City-St-Zip: ORLANDO, FL 32801

I hereby certify that the information supplied with this filing does not qualify 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: ERIC HASSEN

MGRM

05/01/2007

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