
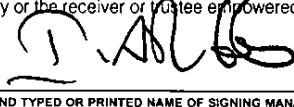


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000033324					
1. Entity Name ARGUETTY CAPITAL LLC					
Principal Place of Business 617 N 21ST AVENUE HOLLYWOOD, FL 33020			Mailing Address 2665 S BAYSHORE DRIVE SUITE 703 MIAMI, FL 33133		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-1331554	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
POLANSKY, MITCHELL S ESQ 2665 S BAYSHORE DR, STE 703 MIAMI, FL 33133				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS				10. ADDITIONS/CHANGES	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME
	MGR	ARGUETTY, ISAAC	<input checked="" type="checkbox"/> Delete		MGR
		617 N 21ST AVENUE			Arquetty Asset Management, Inc.
		HOLLYWOOD, FL 33020			617 N. 21st Avenue
					Hollywood, FL 33020
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME
			<input type="checkbox"/> Delete		
					100108521091
					05/30/07--01032--017 **1061.25
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME
			<input type="checkbox"/> Delete		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME
			<input type="checkbox"/> Delete		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME
			<input type="checkbox"/> Delete		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME
			<input type="checkbox"/> Delete		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME
			<input type="checkbox"/> Delete		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  ISAAC ARGUETTY 4/5/07 954-929-5803					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

FILED
07 MAY 14 PM 1:16
STATE OF FLORIDA

