01-18-2005 90181 006 ****50.00
L04000039563

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000039563

1. Entity Name
ARM DEVELOPMENT HOLDINGS, LLC

FILED
05 FEB 15 PM 4:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
730 WEST MARKET STREET, SUITE 200 LOUISVILLE, KY 40202	730 WEST MARKET STREET, SUITE 200 LOUISVILLE, KY 40202

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01042005 Chg-LLC CR2E083 (10/03)

4. FEI Number — Applied For ☐ / X Not Applicable

5. Certificate of Status Desired ☐ ($5.00 Additional Fee Required)

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MARGOLES, MARGIE 210 NW CORPORATE BLVD., SUITE 300 BOCA RATON, FL 33431-7343	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

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 CHILDS, MAISHA 1045 BEDFORD GARDENS DRIVE ALPHARETTA, GA 30022 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with 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: Maisha Childs 1/05/05 502-585-3251
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #