

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000041988

FILED  
May 11, 2009  
Secretary of State

**Entity Name:** ARKITECHS REAL ESTATE MANAGEMENT LLC

**Current Principal Place of Business:**

318 INDIAN TRACE  
#649  
WESTON, FL 33326

**New Principal Place of Business:**

**Current Mailing Address:**

318 INDIAN TRACE  
#649  
WESTON, FL 33326

**New Mailing Address:**

FEI Number: 02-0730041      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:**

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

WALL, OMAIDA C MRS.  
318 INDIAN TRACE  
#649  
WESTON, FL 33326 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: WALL, RICHARD A MR.  
Address: 318 INDIAN TRACE #649  
City-St-Zip: WESTON, FL 33326

Title: MGRM ( ) Delete  
Name: WALL, OMAIDA C  
Address: 318 INDIAN TRACE  
City-St-Zip: WESTON, FL 33326

**ADDITIONS/CHANGES:**

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

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

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: OMAIDA WALL

MRS

05/11/2009

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