

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000044027

Entity Name: ARGENT ASSOCIATES LLC

FILED
Aug 01, 2005
Secretary of State

Current Principal Place of Business:

900 SW 12TH STREET #106
FORT LAUDERDALE, FL 33315

New Principal Place of Business:

Current Mailing Address:

900 SW 12TH STREET #106
FORT LAUDERDALE, FL 33315

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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:

CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

JANICE, MARTIN J
900 SW 12TH STREET #106
FORT LAUDERDALE, FL 33315 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: JANICE J. MARTIN

08/01/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MARTIN, JANICE
Address: 900 SW 12TH STREET #106
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: MGRM (X) Delete
Name: WOSTL, LORALYN
Address: 900 SW 12TH STREET #106
City-St-Zip: FORT LAUDERDALE, FL 33315

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 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 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: JANICE J. MARTIN

MGR

08/01/2005

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