FILED
May 23, 2005 8:00 am
Secretary of State
04-26-2005 90010 047 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000054235

1. Entity Name
ARC (MERRICK PARK), LLC

300006923

Principal Place of Business	Mailing Address
2665 SO. BAYSHORE DRIVE SUITE 200 MIAMI, FL 33133	2665 SO. BAYSHORE DRIVE SUITE 200 MIAMI, FL 33133

04052005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
2950 SW 27th Ave	2950 SW 27th Ave
Suite, Apt. #, etc.: Suite # 300	Suite, Apt. #, etc.: Suite # 300
City & State: Miami Fl	City & State: Miami Fl
Zip: 33133 Country: USA	Zip: 33133 Country: USA

4. FEI Number: 20-1449392 ☐ Applied For ☐ 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
GARCIA, EDUARDO J 2665 SO. BAYSHORE DRIVE SUITE 200 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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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	MGR DELGADO, ROLANDO JR. 2665 SO. BAYSHORE DRIVE MIAMI, FL 33133	☐ 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: [signature] 4/20/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #