


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90141 024 \*\*\*\*50.00

**DOCUMENT # L04000061820**

1. Entity Name  
**ARC & CHILDREN INVESTMENTS, LLC**



**20002029**

Principal Place of Business  
**8060 N.W. 33 STREET**  
**MIAMI, FL 33122**

Mailing Address  
**8060 N.W. 33 STREET**  
**MIAMI, FL 33122**

2. Principal Place of Business  
**3651 NW 79 AVENUE**  
 Suite, Apt. #, etc.

3. Mailing Address  
**3651 NW 79 AVENUE**  
 Suite, Apt. #, etc.

City & State  
**MIAMI, FL**

City & State  
**MIAMI, FL**

Zip  
**33166** Country

Zip  
**33166** Country

01072006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
**20-1527991** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**CAJIGAS, RICARDO**  
**3651 NW 79 AVENUE**  
**MIAMI, FL 33166**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00 Due by May 1, 2006**

**Make check payable to Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

|                |                        |                                 |
|----------------|------------------------|---------------------------------|
| TITLE          | MGRM                   | <input type="checkbox"/> Delete |
| NAME           | CAJIGAS, RICARDO       |                                 |
| STREET ADDRESS | 8030 LOS PINOS CIRCLE  |                                 |
| CITY-ST-ZIP    | CORAL GABLES, FL 33143 |                                 |
| TITLE          | MGRM                   | <input type="checkbox"/> Delete |
| NAME           | CAJIGAS, ALEIDA        |                                 |
| STREET ADDRESS | 8030 LOS PINOS CIRCLE  |                                 |
| CITY-ST-ZIP    | CORAL GABLES, FL 33143 |                                 |
| TITLE          |                        | <input type="checkbox"/> Delete |
| NAME           |                        |                                 |
| STREET ADDRESS |                        |                                 |
| CITY-ST-ZIP    |                        |                                 |
| TITLE          |                        | <input type="checkbox"/> Delete |
| NAME           |                        |                                 |
| STREET ADDRESS |                        |                                 |
| CITY-ST-ZIP    |                        |                                 |
| TITLE          |                        | <input type="checkbox"/> Delete |
| NAME           |                        |                                 |
| STREET ADDRESS |                        |                                 |
| CITY-ST-ZIP    |                        |                                 |

**10. ADDITIONS/CHANGES**

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |

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:** \_\_\_\_\_ Date **1/13/06** Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE