

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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

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|--|---|---|---|--|---|
| DOCUMENT # L04000061820 1. Entity Name ARC & CHILDREN INVESTMENTS, LLC | | | | | |
| 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. | | 01072006 Chg-LLC CR2E083 (11/05) | |
| City & State MIAMI, FL | | City & State MIAMI, FL | | 4. FEI Number 20-1527991 | |
| Zip 33166 | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM CAJIGAS, RICARDO 8030 LOS PINOS CIRCLE CORAL GABLES, FL 33143 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM CAJIGAS, ALEIDA 8030 LOS PINOS CIRCLE CORAL GABLES, FL 33143 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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 <u>1/13/06</u> Daytime Phone # _____ | | | | | |