

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000063022

FILED
Sep 16, 2005
Secretary of State

Entity Name: ARBOR PLACE HOLDINGS, LLC

Current Principal Place of Business:

888 KINGMAN ROAD
MIAMI, FL 33035 US

New Principal Place of Business:

Current Mailing Address:

888 KINGMAN ROAD
MIAMI, FL 33035 US

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **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:

LEOPOLD, KORN & LEOPOLD, P.A.
20801 BISCAYNE BLVD.
SUITE 501
AVENTURA, FL 33180 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: MGRM () Delete
Name: GLEBER, PATRICK
Address: 888 KINGMAN ROAD
City-St-Zip: MIAMI, FL 33035 US

Title: MGRM () Delete
Name: LATTERNER, PAIGE
Address: 888 KINGMAN ROAD
City-St-Zip: MIAMI, FL 33035 US

Title: MGRM () Delete
Name: JOSEPH, JERRY
Address: 888 KINGMAN ROAD
City-St-Zip: MIAMI, FL 33035 US

ADDITIONS/CHANGES:

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

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: PATRICK GLEBER

MGRM

09/16/2005

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