



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90162 026 ****50.00

DOCUMENT # L04000064932 1. Entity Name ARRIVA CAPITAL, L.L.C			
Principal Place of Business 219 VENETIAN DR. DELRAY BEACH FL 33483 US		Mailing Address 16 GLENWOOD WAY WEST CALDWELL NJ 07006 US	
2. Principal Place of Business 2004 Alta Meadows Lane Suite, Apt. #, etc. Unit # 1805		3. Mailing Address 16 Glenwood Way Suite, Apt. #, etc. 	
City & State Delray Beach, FL		City & State West Caldwell, NJ	
Zip 33444		Zip 07006	
Country USA		Country USA	
4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CIFELLI, MARC A 219 VENETIAN DR. DELRAY BEACH FL 33483		7. Name and Address of New Registered Agent Name Marc A. Cifelli Street Address (P.O. Box Number is Not Acceptable) 2004 Alta Meadows Lane # 1805 City Delray Beach FL Zip Code 33444	
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 <i>Marc A. Cifelli</i>		DATE 1/26/05	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005			
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR + MGRM CIFELLI, MARC A 219 VENETIAN DR. DELRAY BEACH FL 33483	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Cifelli, Marc A MGR+MGRM 2004 Alta Meadows Lane Unit # 1805 Delray Beach FL, 33444	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Marc A. Cifelli</i>		Date 1/25/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone # 973-420-3426	