



FILED
Jul 13, 2005 8:00 am
Secretary of State

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

06-16-2005 90093 006 ****50.00

DOCUMENT # L04000074175			
1. Entity Name L.E. ARCE PROPERTY MANAGEMENT SERVICES, LLC			
Principal Place of Business 10598 N.W. SOUTH RIVER DRIVE MIAMI, FL 33178		Mailing Address 40598 N.W. SOUTH RIVER DRIVE MIAMI, FL 33178	
2. Principal Place of Business 3900 N W 79 Ave		3. Mailing Address 3900 N W 79 Ave.	
Suite, Apt. #, etc. #441		Suite, Apt. #, etc. #441	
City & State Miami, FL.		City & State Miami FL.	
Zip 33166.	Country	Zip 33166.	Country
4. FEI Number 04-3798517		Applied For <input 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 WATTS-FITZGERALD, ABIGAIL 1111 BRICKELL AVE. SUITE 2500 MIAMI, FL 33131		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 _____ <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
B. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	President LORENZO ARCE 3900 N. W 79 Ave #441 MIAMI, FL. 33166. <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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: 		Date: 6/9/05	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>	

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