2006 LIMITED LIABILITY COMPANY

ANNUAL REPURI										
1. Entity Nam	1e	# L04000088 ARBLE LLC		SECRETARY OF STATE TALLAHASSEE. FLORIDA						
Principal Plac	e of Busines	s	1	1000	/ SECR	FTAN	11 4:	39		
202 IDA LANE			Mailing Address 202 IDA LANE		$ Y \setminus Y$	(MLLA)	144KX	OF cz.	_	
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2. Principal P	lace of Busin	ness	3. Mailing Address							
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			02132006	Chg-LLC	CR2E0	83 (11/05)	
City & Chate			City & State			. ==::::	<u> </u>		, ,	
City & State			City & State			4. FEI Numbe 76-0773			├ ─┤─	oplied For of Applicable
Zip	Zip Country		Zip Country		ntry	\$5.00 Additional				
2,5	Country		2.5		,	5. Certificate of Status Desired Fee Required				
6. Name and Address of Current I			Registered Agent			7. Name and	Address of New R	egistered A		_
			Name							
GOMEZ, RUBEN P					Constitution (CO Constitution National					
202 IDA LA			Street Add			(P.O. Box Number is Not Acceptable)				
TALLAHAS	SSEE, FL	32304								-
										
					City			FL	Zip Code	e
8. The above	named entit	v submits this statement to	r the purpose of changing its	reaister	ed office or register	red agent, or both	n, in the State of Flo	rida. I am	familiar with.	and accept
	ions of regis				_	-				
CICNATURE										
SIGNATURE .	Signature, typed	or printed name of registered agent	and title if applicable. (NOT	E: Registere	ed Agent signature required	d when reinstating)		DATE	<u> </u>	
		is \$50.00 y 1, 2006						•	ayable to ent of State	
	y	, .,						- ооригин		•
9.	· · · · · ·	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS	'CHANGES		
TITLE	MGRM		☐ Delete	TITE	E				Change	☐ Addition
NAME	GOMEZ, RUBEN NAM				Œ					
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CITY-ST-ZIP		ASSEE, FL 32304	-	_						
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CITY+ST-ZIP				Cit	r-ST-ZiP					
11. Thereby	certify that th	ne information supplied with	this filing does not qualify fo	r the exe	emptions contained	in Chapter 119,	Florida Statutes. 1 fe	urther certif	y that the info	ormation
indicated	on this repo	ort is true and accurate and	that my signature shall have e empowered to execute this	the sam	e legal effect as if r	nade under oath,	that I am a manag	ging memb	er or manage	er of the
militeu lia	ышу сотра	any or the receiver or trustet	Compowered to execute this	report a	s required by Orlap	ACT COO, I TOTICE C	naratos.	-		
		71- 0	()							!
SIGNAT	URE:	AND TYPED OF BOUTTO SHAPE	F SIGNING MANAGING MEMBER, MA	NACEC C	AUTHÓDIZEN DEDOCT	ENTATIVE	Dave		Ondume Physics	
ı	SIGNATURE	AND ITTED OR PRINTED NAME OF	r araning managing member, Ma	HAUCK, O	N MUTHURIZED REPRES	ENIAHVE	Date		Daytime Phone #	

Date

Daytime Phone #