
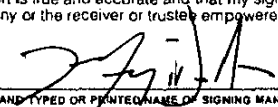


FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90069 013 ****55.00

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000002507			
1. Entity Name DEARCOS HOLDINGS, LLC			
Principal Place of Business 1549 REDWOOD GROVE TERRACE LAKE MARK, FL 32746		Mailing Address 1549 REDWOOD GROVE TERRACE LAKE MARK, FL 32746	
2. Principal Place of Business 687 SHADOWMOSS CIRCLE		3. Mailing Address 215 NORTH EOLA DRIVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State LAKE MARY, FLORIDA		City & State ORLANDO, FLORIDA	
Zip 32746	Country USA	Zip 32801	Country USA
4. FEI Number 20-2177054		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 HAMES, LAURENCE C 215 E. EOLA DRIVE ORLANDO, FL 32801		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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MGRM DeARCOS, MIGUEL 687 SHADOWMOSS CIRCLE LAKE MARY, FLORIDA 32746
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
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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 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: 		4/25/06 407-528-1273	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	
MIGUEL DeARCOS, MANAGING MEMBER			