

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 08, 2006 8:00 am
Secretary of State

04-20-2006 90037 011 ****50.00

DOCUMENT # L05000030699					
1. Entity Name ARCANUM, LLC					
Principal Place of Business 5603 COMMERCE DRIVE, UNIT 1 ORLANDO, FL 32839			Mailing Address 5603 COMMERCE DRIVE, UNIT 1 ORLANDO, FL 32839		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 54-2174646	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent NOTES, CARL D 605 EAST ROBINSON STREET, SUITE 730 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 resigning)					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State		DATE _____	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR DEVERELL, CHRISTOPHER J 5603 COMMERCE DRIVE, UNIT 1 ORLANDO, FL 32839		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
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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 partner or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: _____			Date: _____		

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407.240.2699