


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90032 001 ****50.00

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| DOCUMENT # L05000036727 | |  |
| 1. Entity Name ARTHUR EDWARD, LLC | | |

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| Principal Place of Business 14707 S. DIXIE HIGHWAY, STE. 200 MIAMI, FL 33176 | Mailing Address 14707 S. DIXIE HIGHWAY, STE. 200 MIAMI, FL 33176 |
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60042300



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| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

04182007 Chg-LLC CR2E083 (12/06)

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| 4. FEI Number 20-2680157 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent SONDAK, ROBERT M ESQ 9400 S. DADELAND BLVD., STE. 600 MIAMI, FL FL331-56 | | 7. Name and Address of New Registered Agent Name <u>Arthur I. Brown</u> Street Address (P.O. Box Number is Not Acceptable) <u>14707 S. Dixie Highway</u> <u>Suite 200</u> City <u>Miami</u> FL Zip Code <u>33176</u> | |
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| 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 <u>[Signature]</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | DATE <u>4/18/07</u> |

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| Filing Fee is \$50.00 Due by May 1, 2007 | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM FRGEDGOOD, ELECTRA <input type="checkbox"/> Delete 623 8TH AVE BROOKLYN, NY 11215 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <u>FREEDGOOD, ELECTRA</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM FREEDGOOD, EDWARD <input type="checkbox"/> Delete 623 8TH AVE BROOKLYN, NY 11215 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM BROWN, ARTHUR J <input type="checkbox"/> Delete 10090 SW 145 TH ST MIAMI, FL 33176 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <u>Brown, Arthur I.</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM BROWN, LANA <input type="checkbox"/> Delete 10090 SW 145TH ST MIAMI, FL 33176 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 |
| 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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| 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: <u>Edward Freedgood</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | DATE <u>4/21/07</u> <small>Date Daytime Phone #</small> |