2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED Apr 03, 2008 08:00 AN Secretary of State

DOCUMENT	#L	.0500	0036727
----------	----	-------	---------

1. Entity Name

ARTHUR EDWARD, LLC

Principal Place of Business --

14707 S. DIXIE HIGHWAY, STE. 200 MIAMI, FL 33176 Mailing Address

14707 S. DIXIE HIGHWAY, STE. 200 MIAMI, FL 33176



03202008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-2680157

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BROWN, ARTHUR I 14707 S. DIXIE HIGHWAY SUITE 200 MIAMI, FL 33176

STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

·		1	
	e named entity submits this statement for the purpose of cha tions of registered agent.	inging its registered office or registered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.		•	
	Signature, typed or printed name of registered agent and title if applicable	(NOTE, Registered Agent signature required when reinstating)	DATE
	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75		U00000879112 04/15/08-80006-023 138.75
9. 🖓 🕠	:: : MANAGING MEMBERS/MANAGERS	1	
TITLE	MGRM		
NAME	FREEGOOD, ELECTRA	·	í ·
STREET ADDRESS	623 8TH AVE	1.4	•
CITY-ST-ZIP	BROOKLYN, NY 11215	· ·	

MGRM TITLE FREEDGOOD, EDWARD NAME STREET ADDRESS 623 8TH AVE CITY-ST-ZIP BROOKLYN, NY 11215 TITLE MGRM BROWN, ARTHUR I NAME STREET ADDRESS 10090 SW 145 TH ST CITY-ST-ZIP MIAMI, FL 33176 MGRM TITLE BROWN, LANA NAME STREET ADDRESS 10090 SW 145TH ST CITY-ST-ZIP MIAMI, FL 33176 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

DO NOT WRITE IN THIS SPACE

11. Thereby 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: LAWALL FREE NAME OF SIGNING MANAGUIG MEMBER, OR AL

1 3/28/08

Daytime Phone #