


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2008 8:00 am
Secretary of State

01-17-2008 90056 004 ***138.75

DOCUMENT # L05000037630

1. Entity Name
 ARCADIA US19-16, LLC



Principal Place of Business
 20325 NE 75TH CT
 MIAMI, FL 33179

Mailing Address
 20325 NE 75TH CT
 MIAMI, FL 33179

00000123

2. Principal Place of Business - No P.O. Box #
 20325 NE 15 COURT
 Suite, Apt. #, etc.

3. Mailing Address
 20325 NE 15 CT
 Suite, Apt. #, etc.



01142008 Chg-LLC CR2E083 (12/06)

City & State
 MIAMI FL

City & State
 MIAMI FL

Zip
 33179

Country
 USA

Zip
 33179

Country
 USA

4. FEI Number
 20-2672770

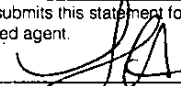
Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 DIEP, BINH YEN
 3611 FARRAGUT ST
 HOLLYWOOD, FL 33021

7. Name and Address of New Registered Agent
 Name HUA, LAURIS
 Street Address (P.O. Box Number is Not Acceptable)
 20325 NE 15 COURT
 City MIAMI FL Zip Code 33179

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  LAURIS HUA DATE 01/14/08

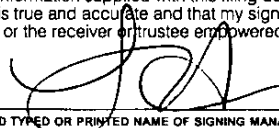
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
 Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR	NAME DIEP, BINH YEN STREET ADDRESS 3611 FARRAGUT ST. CITY-ST-ZIP HOLLYWOOD, FL 33021	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE MGR	NAME HUA, LAURIS STREET ADDRESS 12722 NW 18TH CT CITY-ST-ZIP PEMBROKE PINES, FL 33028	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP

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:  DATE 01/14/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #