

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000060579

Entity Name: ARDA PROPERTIES, LLC

FILED
May 01, 2007
Secretary of State

Current Principal Place of Business:

614 E. HIGHWAY 50
SUITE 111
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

614 E. HIGHWAY 50
SUITE 111
CLERMONT, FL 34711

New Mailing Address:

FEI Number: 20-3063509 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CYR, ARNOLD D MGR
614 E. HWY 50
STE. 111
CLERMONT, FL 34711 US

Name and Address of New Registered Agent:

CYR, ARNOLD D MGRM
614 E. HWY 50
STE. 111
CLERMONT, FL 34711 US

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.

SIGNATURE: ARNOLD D. CYR

05/01/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CYR, ARNOLD
Address: 614 E. HIGHWAY 50, # 111
City-St-Zip: CLERMONT, FL 34711

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CYR, ARNOLD
Address: 614 E. HIGHWAY 50, # 111
City-St-Zip: CLERMONT, FL 34711

Title: MGRM () Change (X) Addition
Name: CYR, DAVID H
Address: 614 E. HIGHWAY 50, #111
City-St-Zip: CLERMONT, FL 34711

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ARNOLD D. CYR

MGRM

05/01/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date