

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000070294

Entity Name: ARRP, LLC

**FILED**  
**Mar 01, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

205 N.E. 5TH TERRACE  
DELRAY BEACH, FL 33444

**New Principal Place of Business:**

**Current Mailing Address:**

205 N.E. 5TH TERRACE  
DELRAY BEACH, FL 33444

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

1031 EXCHANGE CORPORATION  
ATTN: SUSAN N. MILLS  
205 N.E. 5TH TERRACE  
ELRYA BEACH, FL 33444 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: 1031 EXCHANGE CORPOR, ATION  
Address: 205 N.E. 5TH TERRACE  
City-St-Zip: DELRAY BEACH, FL 33444

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: SUSAN MILLS

DIR

03/01/2006

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