2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000071131

1. Entity Name ARRABELLE 460, LLC



Principal Place of Business

2708 S. PENINSULA DRIVE DAYTONA BEACH, FL 32118 Mailing Address

2708 S. PENINSULA DRIVE DAYTONA BEACH, FL 32118

FILED May 14, 2007 8:00 am Secretary of State

05-14-2007 90367 019 ****50.00

40113132



04262007 No Chg-LLC

CR2E083 (11/05)

20-3308026	4.	FEI Number	
20-3300020		20-33080	026

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HANKINS, CRAIG M 2708 S. PENINSULA DRIVE DAYTONA BEACH, FL 32118

DO NOT WRITE IN THIS SPACE

	<u> </u>			
	named entity submits this statement for the purpose of changing of registered agent.	ging its registered office or registered agent, or both, 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		
Filling Fee is \$50.00 Due by May 1, 2007				
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAMENS, CRAIG M HANKINS 2708 SOUTH PENINSULA DR DAYTONA BEACH, FL 32118			
TITLE NAME STREET ADDRESS CITY - ST - ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
11. I hereby o	ertify that the information supplied with this filing does not q	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 it made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee expowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: HANKINS
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

APR 2 7 2007

386.871.7185

Daytime Phone #