

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000095521

Entity Name: ARPAD & ARPAD LLC

FILED  
Apr 25, 2007  
Secretary of State

**Current Principal Place of Business:**

37 CARDINAL DRIVE  
N. FT. MYERS, FL 33917

**New Principal Place of Business:**

**Current Mailing Address:**

4085 HANCOCK BRIDGE PARKWAY  
SUITE 111 PMB 138  
NORTH FT. MYERS, FL 33903

**New Mailing Address:**

FEI Number: 20-3568406

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ARPAD, DIANA L  
752 OVERIVER DR.  
N. FT. MYERS, FL 33903 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: MR ( ) Delete  
Name: ARPAD, SHELDON  
Address: 752 OVERIVER DR.  
City-St-Zip: NORTH FORT MYERS, FL 33903 US

**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 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: DIANA ARPAD

VP

04/25/2007

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