2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AS)

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FILED
Jun 19, 2006 8:00 am
Secretary of State

05-01-2006 90043 033 ****50.00

DOCUMENT # L05000096262

1. Entity Name

ARLENE, L.L.C.

Principal Place of Business	Mailing Address
400 S US HWY 1 SUITE 5 JUPITER FL 33477	400 S US HWY 1 SUITE 5 JUPITER FL 33477

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

1st MOORE CR2E083 (10/05)

4. FEI Number 20-3585311 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GIRVIN, DR 1080 E INDIANTOWN RD SUITE 104 JUPITER FL 33477	Name Street Address (P.O. Box Number is Not Acceptable) City — FL — Zip Code

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 _____ (NOTE: Registered Agent signature required when remaining) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State.
Due By May 1, 2006

9. MANAGING MEMBERS / MANAGERS	10. ADDITIONS / CHANGES
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: BILL SPECCE, MGR 400 S US Hwy 1 #5 JUPITER, FL 33477 — ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: RICHARD MIRANDE MGR 400 S US Hwy 1 #5 JUPITER, FL 33477 — ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — ☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: [signature], RICHARD MIRANDE — 4/8/06 — 954-600-7464

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