

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008 4/**

**FILED**  
**May 22, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90030 001 \*\*\*138.75

|                                          |                                                                                   |
|------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # L06000024459</b>           |  |
| 1. Entity Name:<br>ARCADIA PROPERTY, LLC |                                                                                   |

|                                                                                |                                                                    |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------|
| Principal Place of Business<br>696 N.E. 125 STREET<br>NO. MIAMI FL 33161<br>US | Mailing Address<br>696 N.E. 125 STREET<br>NO. MIAMI FL 33161<br>US |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------|

**30007023**



1st MOORE CR2E083 (10/07)

|                                                |         |                     |         |
|------------------------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.                            |         | Suite, Apt. #, etc. |         |
| City & State                                   |         | City & State        |         |
| Zip                                            | Country | Zip                 | Country |

|                                                                                          |                               |
|------------------------------------------------------------------------------------------|-------------------------------|
| 4. FEI Number<br>20-5071630                                                              | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |                               |

|                                                                                                                            |                                                                                                                                          |
|----------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br>ROBERT A. BRANDT, P.A.<br>696 N.E. 125 STREET<br>NO. MIAMI FL 33161 | 7. Name and Address of New Registered Agent<br>Name:<br>Street Address (P.O. Box Number is Not Acceptable):<br>City: <b>FL</b> 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 \_\_\_\_\_  
Signature: Type or print name of registered agent and the filer (applicant). (NOTE: Registered Agent's signature required when completed.) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008, Fee Will Be \$538.75**  
**Make Check Payable to Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS                       |                                                                   |                                 |  | 10. ADDITIONS/CHANGES                              |  |                                                                   |  |
|----------------------------------------------------|-------------------------------------------------------------------|---------------------------------|--|----------------------------------------------------|--|-------------------------------------------------------------------|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGR<br>CABRERIZO, TOMAS<br>696 NE 125 STREET<br>N. MIAMI FL 33161 | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGR<br>IZHAK, YORAM<br>696 NE 125 STREET<br>N. MIAMI FL 33161     | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                   | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                   | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                   | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                   | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> 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 605, Florida Statutes.

**SIGNATURE:**

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

DATE

EXPIRATION DATE