


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 26, 2007 8:00 am**  
**Secretary of State**

01-26-2007 90078 030 \*\*\*\*50.00

<b>DOCUMENT # L06000037316</b>		
1. Entity Name <b>ARLO HOLDINGS, LLC</b>		

Principal Place of Business <b>2978 WESTBROOK WESTON, FL 33332</b>	Mailing Address <b>2978 WESTBROOK WESTON, FL 33332</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address <b>P.O. BOX 4001</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>HALLANDALE, FL</b>		4. FEI Number <b>20-8273608</b>	Applied For Not Applicable
Zip <b>33008</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	



01182007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent <b>BORKSON, ELLIOT P 1313 S. ANDREWS AVENUE FORT LAUDERDALE, FL 33316</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM GREENFEDER, LORI S 2978 WESTBROOK WESTON, FL 33332</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not 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 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:** *Lori S Greenfeder* **MGRM** 1/22/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #