

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000062420

**FILED**  
**Mar 07, 2007**  
**Secretary of State**

**Entity Name:** ARGUJEAN PROPERTIES, LLC

**Current Principal Place of Business:**

2121 PONCE DE LEON BLVD., SUITE 1050  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

2121 PONCE DE LEON BLVD., SUITE 1050  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number: 29-5113905

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CONSULTING SERVICES OF SOUTH FLORIDA, INC.  
2121 PONCE DE LEON BLVD., SUITE 1050  
CORAL GABLES, FL 33134 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: MGRM ( ) Delete  
Name: GLORIA STELLA GUTIER, REZ BALLESTERO S  
Address: AVE. K 15 NO. 128-48, APTO. 902  
City-St-Zip: BOGOTA COLOMBIA,

Title: MGR ( ) Delete  
Name: LILIANA GOMEZ GUTIER, REZ  
Address: TRSV. 43-A, NO. 93-10, APTO. 102  
City-St-Zip: BOGOTA, COLOMBIA,

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: GLORIA STELLA GUTIERREZ B.

MGRM

03/07/2007

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