2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Jun 25, 2007 8:00 am
Secretary of State

04-16-2007 90337 037 ****50.00

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04122007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L06000065896

1. Entity Name
ARGENTINO, LLC

Principal Place of Business
221 CAMELLIA WAY
MODESTO, CA 95354

Mailing Address
P.O. BOX 579874
MODESTO, CA 95357

2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

City & State

Zip | Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip | Country

4. FEI Number 33-6359316 | Applied For | Not Applicable

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

6. Name and Address of Current Registered Agent

SWIREN, AARON C ESQ.
C/O L. BRUCE SWIREN, P.A.
1516 E. HILLCREST STREET, SUITE 200
ORLANDO, FL 32803

7. Name and Address of New Registered Agent

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) 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	MG ROSADO, RUBEN E P.O. BOX 579874 MODESTO, CA 95357 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANITA L. ROSADO 221 CAMELLIA WAY MODESTO CA 95354 ☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANA E. ROSAS 221 CAMELLIA WAY MODESTO CA 95354 ☑ Delete deceased	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 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: RUBEN E. ROSADO, MGR 4/12/07 209-555-1888
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #