


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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**FILED**  
**Jul 02, 2008 8:00 am**  
**Secretary of State**

05-22-2008 90512 004 \*\*\*138.75

<b>DOCUMENT # L06000079063</b> 1. Entity Name <b>ARCANGE PROPERTIES LLC</b>	
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Principal Place of Business <b>10923 NW 18TH PLACE PLANTATION, FL 33322</b>	Mailing Address <b>10923 NW 18TH PLACE PLANTATION, FL 33322</b>
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04242008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>BARTHE &amp; LEIGH LLP 2455 E. SUNRISE BLVD SUITE 602 FORT LAUDERDALE, FL 33304</b>
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**DO NOT WRITE  
IN THIS SPACE**

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  **6/30/08**  
Signature, name or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FRANCK, BONDRILLE 10923 NW 18TH PLACE PLANTATION, FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MICHAEL, SFEDJ 10923 NW 18TH PLACE PLANTATION, FL 33322
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**DO NOT WRITE  
IN THIS SPACE**

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  **6/30/08**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #