

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000083672

FILED
Apr 28, 2008
Secretary of State

Entity Name: ARGENT BD, LLC

Current Principal Place of Business:

111 N. ORANGE AVE., 20TH FLOOR
ORLANDO, FL 32801

New Principal Place of Business:

350 CAMINO GARDENS BLVD.
SUITE 102
BOCA RATON, FL 33432

Current Mailing Address:

111 N. ORANGE AVE., 20TH FLOOR
ORLANDO, FL 32801

New Mailing Address:

350 CAMINO GARDENS BLVD.
SUITE 102
BOCA RATON, FL 33432

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KARSCH, MICHAEL D
C/O SACHS SAX KLEIN
301 YAMATO ROAD, SUITE 102
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

KARSCH, MICHAEL D
KARSCH LAW
350 CAMINO GARDENS BLVD. SUITE 102
BOCA RATON, FL 33432 US

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: MICHAEL KARSCH

04/28/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MOREYRA, ROBERT
Address: 102 W. WHITING STREET SUITE 600
City-St-Zip: TAMPA, FL 33602

Title: MGR () Delete
Name: COLLINS, PETER
Address: 102 W. WHITING ST. SUITE 600
City-St-Zip: TAMPA, FL 33602

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 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: ROBERT MOREYRA

MGR

04/28/2008

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