2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 15, 2008
Secretary of State

DOCUMENT# L07000023922

Entity Name: ARM HOLDING INVESTMENTS LLC

Current Principal Place of Business:

17201 COLLINS AVE.
2601
SUNNY ISLE BEACH, FL 33160 US

New Principal Place of Business:

Current Mailing Address:

17201 COLLINS AVE.
2601
SUNNY ISLE BEACH, FL 33160 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROSE, KRICHEVETS MGRM
17201 COLLINS AVE.
2601
SUNNY ISLE BEACH, FL 33160 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:	KRICHEVETS, ROSE MGRM	
Address:	17201 COLLINS AVE.	
City-St-Zip:	SUNNY ISLE BEACH, FL 33160 US	
Title:	MGRM	( ) Delete
Name:	KRICHEVETS, ARKADY MGRM	
Address:	17201 COLLINS AVE.	
City-St-Zip:	SUNNY ISLE BEACH, FL 33160 US	
Title:	MGRM	( ) Delete
Name:	KRICHEVETS, MARGARET MGRM	
Address:	17201 COLLINS AVE.	
City-St-Zip:	SUNNY ISLE BEACH, FL 33160 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: ROSE KRICHEVETS VP 01/15/2008

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