

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000052589

Entity Name: ARCIS BELCHER, LLC

FILED  
Apr 29, 2008  
Secretary of State

**Current Principal Place of Business:**

2908 BAY TO BAY BLVD., STE.200  
TAMPA, FL 33629

**New Principal Place of Business:**

**Current Mailing Address:**

2908 BAY TO BAY BLVD., STE.200  
TAMPA, FL 33629

**New Mailing Address:**

FEI Number: 64-0961845

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MCNAMARA, THOMAS P  
2097 BAY TO BAY BLVD., STE.201  
TAMPA, FL 33629 US

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

ARCIS INVESTMENTS, INC.  
2908 BAY TO BAY BLVD., STE.200  
TAMPA, FL 33629 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: KRISTEN KENNEDY SHOWALTER

04/29/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BURDGE, BRUCE D  
Address: 2908 BAY TO BAY BLVD., STE.200  
City-St-Zip: TAMPA, FL 33629

Title: MGRM ( ) Delete  
Name: SHOWALTER, KRISTEN K  
Address: 2908 BAY TO BAY BLVD., STE.200  
City-St-Zip: TAMPA, FL 33629

**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: KRISTEN KENNEDY SHOWALTER

VP

04/29/2008

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