2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Mar 10, 2008 8:00 am
Secretary of State

02-07-2008 90086 040 ***138.75

DOCUMENT # L07000053657

1. Entity Name
ARENA HOLDINGS, LLC

3000100

Principal Place of Business
6545 HIDDEN BEACH CIRCLE
ORLANDO, FL 32819

Mailing Address
6545 HIDDEN BEACH CIRCLE
ORLANDO, FL 32819

01302008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
9101 SOUTHERN BREEZE DR	9101 SOUTHERN BREEZE DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORLANDO. FL.	City & State: ORLANDO. FL.
Zip: 32836. Country: U.S.A.	Zip: 32836 Country: U.S.A.

4. FEI Number 26-0297520 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PATEL, PRADEEP
6545 HIDDEN BEACH CIRCLE
ORLANDO, FL 32819

7. Name and Address of New Registered Agent

Name: PATEL PRADEEP
Street Address (P.O. Box Number is Not Acceptable): 9101 SOUTHERN BREEZE DR
City: ORLANDO FL Zip Code: 32836

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] 01/31/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR PATEL, PARDEEP 6545 HIDDEN BEACH CIRCLE ORLANDO, FL 32819	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR PATEL PRADEEP 9101 SOUTHERN BREEZE DR ORLANDO. FL. 32836.	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S PATEL DAKSHA 9101 SOUTHERN BREEZE DR ORLANDO, FL 32836	☒ 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: [signature] PRADEEP PATEL 01/31/08 407-363-0101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #