

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000002956

Entity Name: ARNCO PROPERTIES, L.L.C.

FILED
Apr 11, 2007
Secretary of State

Current Principal Place of Business:

1600 OLD OKEECHOBEE RD
WEST PALM BEACH, FL 33409

New Principal Place of Business:

1750 OLD OKEECHOBEE RD
WEST PALM BEACH, FL 33401

Current Mailing Address:

1000 POWELL DRIVE
SINGER ISLAND, FL 33404

New Mailing Address:

FEI Number: 65-0347276

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARNOLD, GREGORY H
1000 POWELL DRIVE
SINGER ISLAND, FL 33404 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: ARNOLD, H. CLAYTON
Address: 524 ANCHORAGE DRIVE
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: MGRM () Delete
Name: ARNOLD, KATHLEEN
Address: 524 ANCHORAGE DRIVE
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: MGRM () Delete
Name: ARNOLD, GREGORY
Address: 1000 POWELL DRIVE
City-St-Zip: SINGER ISLAND, FL 33404

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 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: GREGORY H ARNOLD

MR

04/11/2007

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