



**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L99000007224</b> 1. Entity Name ARCH FINANCIAL GROUP, LLC	
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Principal Place of Business 7000 W. PALMETTO PARK ROAD, SUITE 502 BOCA RATON, FL 33433	Mailing Address 7000 W. PALMETTO PARK ROAD, SUITE 502 BOCA RATON, FL 33433
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**DO NOT WRITE IN THIS SPACE**



04152005No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-0960779	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

RITTER, GREGORY J ESQ.  
7000 W. PALMETTO PARK ROAD, SUITE 502  
BOCA RATON, FL 33433

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IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
Signature, typed or printed name of registered agent and title if applicable. DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KING, TERRI 7000 W. PALMETTO PARK RD., STE. 502 BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KESSIER, ROBIN 22948 OLD INLET BRIDGE BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GALINSKY, EYAL 20749 WATERS EDGE CT. BOCA RATON, FL 33498
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/18/05-80139-013 50.00

**DO NOT WRITE  
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 60B, Florida Statutes.

SIGNATURE: X Terri King 4/15/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #