


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90001 025 ****50.00

DOCUMENT # M01000002018 1. Entity Name ARBORIS, LLC					
Principal Place of Business 4600 TOUCHTON ROAD EAST, STE. 500 JACKSONVILLE, FL 32246			Mailing Address 4600 TOUCHTON ROAD EAST, STE. 500 JACKSONVILLE, FL 32246		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Presser, Lahnend and Edelman Street Address (P.O. Box Number is Not Acceptable) c/o Eve Brown 6622 Southpoint Drive South, Suite 495 City Jacksonville FL Zip Code 32216	
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 <u>Ey E B</u> <u>Evy E. Brown</u> <u>4/30/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HARTING, MARIA A EL QUISO 3140, CERRO SAN LUIS SANTIAGO, CHILE,	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HARTING, THOMAS AMERICO VESPUCIO 2680 PISO 8 CONSTANI SANTIAGO, CHILE,	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CONALES, MANNY 4600 TOUCHTON RD BLDG 100, STE 500 JACKSONVILLE, FL 32246	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAROLD, JACOB 4600 TOUCHTON RD BLDG 100 STE 300 JACKSONVILLE, FL 32246	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SEPULVEDA, RONALD 6000 PELTE EDUARDO FREI M AV SANTIAGO, CHILE,	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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 608, Florida Statutes.					
SIGNATURE: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
<small>Date</small>				<small>Daytime Phone #</small>	