


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000005158**

1. Entity Name  
**DARMARINE, LLC**



Principal Place of Business      Mailing Address

**20801 BISCAYNE BOULEVARD**      **20801 BISCAYNE BOULEVARD**  
**501**      **501**  
**AVENTURA, FL 33180**      **AVENTURA, FL 33180**



02062006 No Chg-LLC      CR2E083 (11/05)

4. FEI Number      Applied For  
**32-0076518**      Not Applicable

5. Certificate of Status Desired       **\$5.00 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

**SNYDER, JENNIFER S ESQUIRE**  
**C/O LEOPOLD, KORN & LEOPOLD, P.A.**  
**20801 BISCAYNE BOULEVARD, #501**  
**AVENTURA, FL 33180**

**DO NOT WRITE 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 \_\_\_\_\_ DATE \_\_\_\_\_

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

**Filing Fee is \$50.00**  
**Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DARWICHE, ALBERT 20801 BISCAYNE BOULEVARD, #501 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GABAY DE DARWICHE, RUTH 20801 BISCAYNE BLVD #501 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

00000547428  
 05/12/06-80025-005 50.00

**DO NOT WRITE IN THIS SPACE**

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: *Albert Darwiche*      **Albert Darwiche**      *4/19/06*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #