2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000021371

1. Entity Name
SHARM MANAGEMENT, LLC

Principal Place of Business	Mailing Address
ATTN: HOWARD W. WALLACH 9642 S.W. 69 PLACE MIAMI, FL 33156	ATTN: HOWARD W. WALLACH 9642 S.W. 69 PLACE MIAMI, FL 33156

DO NOT WRITE IN THIS SPACE

01242007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number		Applied For
06-1720227		Not Applicable

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

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6. Name and Address of Current Registered Agent

WALLACH, HOWARD W
9642 S.W. 69 PLACE
MIAMI, FL 33156

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

Filing Fee is $50.00
Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE	P
NAME	WALLACH, HOWARD
STREET ADDRESS	9642 SOUTHWEST 69 PLACE
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	V
NAME	WALLACH, SUZANNE
STREET ADDRESS	9642 SOUTHWEST 69 PLACE
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/13/07-80038-008 50.00

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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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _Howard Wallach_   HowardWallach 1/30/07 666-986

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