


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # L05000101869 1. Entity Name ARDMOOR LLC	
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Principal Place of Business 1601 NORTH VIEW DRIVE MIAMI BEACH, FL 33140	Mailing Address 1601 NORTH VIEW DRIVE MIAMI BEACH, FL 33140
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**DO NOT WRITE IN THIS SPACE**



04082007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3775409	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

WALKER, PHILLIP E  
1601 NORTH VIEW DRIVE  
MIAMI BEACH, FL 33140

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BERNHARDT PETER GOLD HARIG TRUST 1601 NORTH VIEW DRIVE MIAMI BEACH, FL 33140
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04/25/07-80037-005 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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Phillip E. Walker* Date: 4-13-07 Daytime Phone #: 305-673-3442

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE