


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2008 08:00 A
Secretary of State

DOCUMENT # L05000101869
 1. Entity Name
 ARDMOOR LLC



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



04012008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-3775409	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
 WALKER, PHILLIP E
 1601 NORTH VIEW DRIVE
 MIAMI BEACH, FL 33140

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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U000000892843
 04/23/08-80082-002-138.75

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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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: *Bernhardt Peter Gold Harig* X 408.08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date: *305-673-3942*
 Daytime Phone #