


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 03, 2006 8:00 am
Secretary of State

05-15-2006 90241 022 ****50.00

DOCUMENT # L05000103818	
1. Entity Name GARU 2000, LLC	

Principal Place of Business C/O 3843 FALCON RIDGE CIRCLE WESTON, FL 33331	Mailing Address C/O 1200 BRICKELL AVENUE, SUITE 900 MIAMI, FL 33131
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2. Principal Place of Business	3. Mailing Address 3843 Falcon Ridge Cir
Suite, Apt. #, etc.	Suite, Apt. #, etc.

06272006 Chg-LLC CR2E083 (11/05)

City & State Weston, FL	4. FEI Number 20-3797716	Applied For <input type="checkbox"/> Not Applicable
Zip 33331	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent AGI REGISTERED AGENTS, INC. 1200 BRICKELL AVENUE, SUITE 900 MIAMI, FL 33131	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by September 6, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VARGAS, RUTH M C/O 3843 FALCON RIDGE CIRCLE WESTON, FL 33331 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FORTYAN, GAROR RADICS C/O 3843 FALCON RIDGE CIRCLE WESTON, FL 33331 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Radics, Gabor <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3843 Falcon Ridge Cir Weston, FL 33331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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  **Date** 6/27/06 **Daytime Phone #** 9546599328

ATTACHMENT

3001568

#L05000103818

June 27, 2006

Attn: Florida Department State
Ref: FEI # 20-3797716

To Whom It May Concern:

With this letter I would like to explain that I made a mistake when I sent the check, instead of filling out the form I sent the check with the post card.

Enclosed you will find the form with the copy of the check that I sent on April 17, 2006. If you have any question please send it to:

3843 Falcon Ridge cir
Weston, Florida 33331

Regards,

Ruth Vargas

ATTACHMENT 30011568

#205000103818

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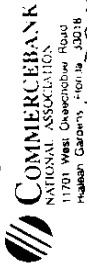
RUTH M. VARGAS
10917 NW 59 ST
MIAMI FL 33178

4/18/06

\$ 50.00

FLORIDA DEPARTMENT OF STATE

FIFTY



[Signature]

MEMO 205000103818

AMVICAL RE POINT

1:0670103691: 4084006480106 038

ATTACHED

enmas 4/18/06