


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2007 08:00 A
Secretary of State

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 3843 FALCON RIDGE CIRCLE
 WESTON, FL 33331



04132007No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3797716	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

AGI REGISTERED AGENTS, INC.
 1200 BRICKELL AVENUE, SUITE 900
 MIAMI, FL 33131

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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 May 1, 2007

000000728981
 05/08/07-80021-013 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VARGAS, RUTH M C/O 3843 FALCON RIDGE CIRCLE WESTON, FL 33331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RADICS, GABOR C/O 3843 FALCON RIDGE CIRCLE WESTON, FL 33331
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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: *Ruth Vargas* RUTH VARGAS 4/23/2007 7863995558

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