


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000103818

1. Entity Name
GARU 2000, LLC



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|--|--|
| Principal Place of Business C/O 3843 FALCON RIDGE CIRCLE WESTON, FL 33331 | Mailing Address C/O 3843 FALCON RIDGE CIRCLE WESTON, FL 33331 |
|--|--|

DO NOT WRITE IN THIS SPACE



02012008No Chg-LLC CR2E083 (12/07)

| | |
|------------------------------------|--|
| 4. FEI Number 20-3797716 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

5. Certificate of Status Desired **\$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 _____ 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


04/21/08-80034-010 138.75

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:  **4/4/08** **954.6599328**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #