

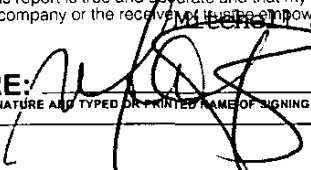


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L05000106291</b> 1. Entity Name <b>SARIERA LLC</b>						<b>FILED</b> 06 MAY -8 PM 2:04 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business <b>2665 SOUTH BAYSHORE DR., STE. 703 C/O MITCHELL S. POLANSKY MIAMI, FL 33133</b>				Mailing Address <b>2665 SOUTH BAYSHORE DR., STE. 703 C/O MITCHELL S. POLANSKY MIAMI, FL 33133</b>			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent  <b>POLANSKY, MITCHELL S ESQ 2665 SOUTH BAYSHORE DR., STE. 703 MIAMI, FL 33133</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>				<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR POLANSKY, MITCHELL S 2665 SOUTH BAYSHORE DR., STE. 703 MIAMI, FL 33133			<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WEINER, RICHARD 2665 SOUTH BAYSHORE DR., STE. 703 MIAMI, FL 33133			<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WEINER, ARLETTE 2665 SOUTH BAYSHORE DR., STE. 703 MIAMI, FL 33133			<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WEINER, ARLETTE 2665 SOUTH BAYSHORE DR., STE. 703 MIAMI, FL 33133			<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WEINER, ARLETTE 2665 SOUTH BAYSHORE DR., STE. 703 MIAMI, FL 33133			<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WEINER, ARLETTE 2665 SOUTH BAYSHORE DR., STE. 703 MIAMI, FL 33133			<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WEINER, ARLETTE 2665 SOUTH BAYSHORE DR., STE. 703 MIAMI, FL 33133			<input type="checkbox"/> Delete		<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 of the company and authorized to execute this report as required by Chapter 608, Florida Statutes.							
<b>SIGNATURE:</b> 				4/19/06 (305) 858-9900			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Date Daytime Phone #</small>			