2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

Pricipal Flecto at Business 2865 SQUITH BAYSHORE DR. STE 703 COMMIDNELS POLANSY MAMI, FL 33133 2. Principal Prace of Business Suns, Apr. #, otc. Suns, Apr. #, otc. Suns, Apr. #, otc. Suns, Apr. #, otc. Outside Suns Spransy Apr. #, otc. Outside Suns Suns Spransy Apr. #, otc. Outside Suns Suns Suns Suns Suns Suns Suns Suns	DOCUI 1. Entity Name SARIERA			FILED 06 MAY -8 PM 2: 04 CEODETING 1. STATE					
Suita Apil **, etc.	2665 SOUTH C/O MITCHEL	BAYSHORE DR., STE. 703 L S. POLANSKY	2665 SOUTH BAYSHORE DR., STE. 703 C/O MITCHELL S. POLANSKY				-	1) (6) (89)	
City & State Ci	2. Principal Pl	ace of Business	3. Mailing Address						
Zip Country Zip Country 5, Countr	Suite, Apt. #, etc.		Suite, Apt. #, etc.		04192006 Chg-LLC	CR2E083 (1	1/05)		
S. Centineas of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent POLANSKY, MITCHELL S.ESQ 2665 SOUTH BAYSHORE DR., STE. 703 MIAMI, FL 33133 City FL Zip Code 8. The above named entity submits the statisment for the purpose of changing its registered office or registered agent, or both, in the State of Rorida. I an familiar with, and accept the obligations of registered agent. SIGNATURE Filling Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State Filling Fee is \$50.00 Due by May 1, 2006 Make Check payable to Florida Department of State Filling Fee is \$50.00 Due by May 1, 2006 Make Check payable to Florida Department of State Filling Fee is \$50.00 Due by May 1, 2006 Make Check payable to Florida Department of State Filling Fee is \$50.00 Due by May 1, 2006 Make Check payable to Florida Department of State Filling Fee is \$50.00 Make Check payable to Florida Department of State Filling Fee is \$50.00 Make Check payable to Florida Department of State Filling Fee is \$50.00 Make Check payable to Florida Department of State Filling Fee is \$50.00 Make Check payable to Florida Department of State Filling Fee is \$50.00 Make Check payable to Florida Department of State Filling Fee is \$50.00 Make Check payable to Florida Department of State Filling Fee is \$50.00 Make Check payable to Florida Department of State Florida Department of State Filling Fee is \$50.00 Make Check payable to Florida Department of State Florida Department of S	City & State		City & State		⁴ 26–4447229				
POLANSKY, MITCHELL S ESQ 266S SOUTH BAYSHORE DR., STE. 703 MIAMI, FL 33133 City FL Zip Code 6. The above nemed 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 me obligations of registered agent. SIGNATURE Filling Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State Filling Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANACING MEMBERS/MANACERS 10. ADDITIONS/CHANGES COLOTYS-129 MIAMI, FL 33133 DITS-129 MIAMI, FL 33133 DITS-129 MIAMI, FL 33133 DITS-129 MIAMI, FL 33133 DEED MOR WEINER, RICHARD Deter MICE MOR MIAMI, FL 33133 DETER ADDITIONS/CHANGES CITY-S1-2P MIAMI ADDITIONS/CHANGE	Zip	Country	Zip	Country	5. Certificate of Status Desi				
Street Address (P.O. Box Number is Not Acceptable) City		6. Name and Address of Current	Registered Agent	Name					
E. 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 Signature, Injection or roots name of registered agent and life if applicable. OHOTE Registered Agent signature registered reprinted when recisioning DATE	2665 SOUTH BAYSHORE DR., STE. 703			Street Address (P.O. Box Number is Not Acceptable)					
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### Policy	SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
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