2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Mar 12, 2008 8:00 am
Secretary of State
02-06-2008 90119 037 ***143.75

DOCUMENT # L07000069019

1. Entity Name

ARA 672, LLC

Principal Place of Business	Mailing Address
C/O THERREL BAISDEN, P.A. ONE S.E. THIRD AVENUE, SUITE 2950 MIAMI FL 33131	C/O THERREL BAISDEN, P.A. ONE S.E. THIRD AVENUE, SUITE 2950 MIAMI FL 33131

1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1320 S. DIXIE HIGHWAY	1320 S. DIXIE HIGHWAY
Suite, Apt. #, etc.: SUITE 241	Suite, Apt. #, etc.: SUITE 241
City & State: CORAL GABLES, FL.	City & State: CORAL GABLES, FL.
Zip: 33146 Country: USA	Zip: 33146 Country: USA

4. FEI Number 26-0472057 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

ROSE, ELLEN ESQ.
C/O THERREL BAISDEN, P.A.
ONE S.E. THIRD AVENUE, SUITE 2950
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name: WARREN BRYER
Street Address (P.O. Box Number is Not Acceptable): 1320 S. DIXIE HIGHWAY
SUITE 241
City: CORAL GABLES FL Zip Code: 33146

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 [signature] 01/24/2008
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008, Fee Will Be $538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR. ABRAHAM, ANTHONY R. 1320 S.DIXIE HIGHWAY - #241 CORAL GABLES, FL. 33146 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: [signature] 01/31/2008 305-665-2222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #
ANTHONY R. ABRAHAM