2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2007 08:00 AM
Secretary of State

DOCUMENT # L01000011384

1. Entity Name
ARAND, L.L.C.

Principal Place of Business	Mailing Address
928 SOUTH TAMIAMI TRL. P.O. BOX 917 OSPREY, FL 34229	201 TRIPLE DIAMOND BLVD NORTH VENICE, FL 34275

DO NOT WRITE IN THIS SPACE

01082007 No Chg-LLC CR2E083 (11/05)

4. FEI Number
65-1120344
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DONELLY, NORBERT P
928 SOUTH TAMIAMI TRL.
OSPREY, FL 34229

DO NOT WRITE IN THIS SPACE

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)

Filing Fee is $50.00
Due by May 1, 2007

U00000601661
01/26/07-80058-012 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	DONELLY, NORBERT P
STREET ADDRESS	471 WEBBS COVE
CITY-ST-ZIP	OSPREY, FL 34229
TITLE	MGRM
NAME	DONELLY, ANN WINSLOW
STREET ADDRESS	471 WEBBS COVE
CITY-ST-ZIP	OSPREY, FL 34229
TITLE	MGR
NAME	DONELLY, AMORY W
STREET ADDRESS	471 WEBBS COVE
CITY-ST-ZIP	OSPREY, FL 34229
TITLE	MGR
NAME	DONELLY, NORBERT
STREET ADDRESS	471 WEBBS COVE
CITY-ST-ZIP	OSPREY, FL 34229
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Norbert P Donelly 1/9/07 941-966 2114
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #