


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000011435	
1. Entity Name ARUBA, LLC	

Principal Place of Business 1580 NW 64TH ST. MIAMI, FL 33147	Mailing Address 1580 NW 64TH ST. MIAMI, FL 33147
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DO NOT WRITE IN THIS SPACE



03302006 No Chg-LLC

CRZE083 (11/05)

4. FEI Number 65-1122241	Applied For Not Applicable
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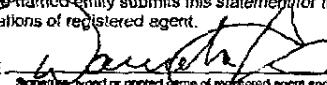
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

EMERY, DANIELA
1580 NW 64TH ST.
MIAMI, FL 33147

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  Daniela Emery 3/30/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

Filing Fee is \$50.00
Due by May 1, 2006

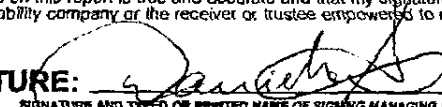
9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	EMERY, DANIELA
STREET ADDRESS	1580 NW 64TH ST.
CITY-ST-ZIP	MIAMI, FL 33147
TITLE	MGRM
NAME	GREULACH, WALTER
STREET ADDRESS	1580 NW 64TH ST.
CITY-ST-ZIP	MIAMI, FL 33147
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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U00000489991
04/18/06-80036-023 55.00

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:  Daniela Emery 3/30/06 786-942-8556
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE DATE Daytime Phone #