


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90032 038 ****55.00

DOCUMENT # L01000014117	
1. Entity Name AURA ENTERPRISES, LLC	

Principal Place of Business 6538 COLLINS AVE. APT. #445 MIAMI BEACH, FL 33141 US	Mailing Address 6538 COLLINS AVE. APT. #445 MIAMI BEACH, FL 33141 US
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2. Principal Place of Business 5409 Overseas Hwy	3. Mailing Address 5409 Overseas Hwy
Suite, Apt. #, etc. #	Suite, Apt. #, etc. #
City & State Marathon, FL	City & State Marathon, FL
Zip 33050	Country USA
Zip 33050	Country USA

00017063



02212006 Chg-LLC CR2E083 (11/05)

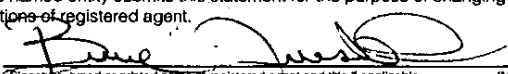
4. FEI Number 52-2347790	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent PRESIDENTIAL SERVICES INCORPORATED 1217 CAPE CORAL PKWY, #300 CAPE CORAL, FL 33904-9604	
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7. Name and Address of New Registered Agent Name Bruce Truesdell	
Street Address (P.O. Box Number is Not Acceptable) 1320 Angela Street	
City Key West	FL Zip Code 33040

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.

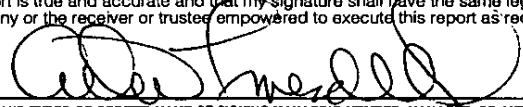
SIGNATURE  DATE **3/7/06**

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, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TRUESDELL, ADA 1804 BIARRITZ DR. MIAMI BEACH, FL 33141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TRUESDELL, ADA 1320 Angela St. Key West, FL 33040 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TRUESDELL, BRUCE 1804 BIARRITZ DR. MIAMI BEACH, FL 33141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Truesdell, Bruce 1320 Angela St. Key West, FL 33040 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **3/7/06 (305) 392-1167**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #