

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000021065

Entity Name: AREU, LLC

FILED
Feb 21, 2009
Secretary of State

Current Principal Place of Business:

500 S.W. 130 TERRACE
PEMBROKE PINES, FL 33027

New Principal Place of Business:

1040 NE 70TH WAY
PLANTATION, FL 33313

Current Mailing Address:

1040 NW 70 WAY
PLANTATION, FL 33313

New Mailing Address:

FEI Number: 80-0022016

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BECHAMP, HILDA
500 S.W. 130 TERRACE
PEMBROKE PINES, FL 33027 US

Name and Address of New Registered Agent:

BECHAMP, LOUISE
1040 NW 70TH WAY
PLANTATION, FL 33313 US

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.

SIGNATURE: LOUISE BECHAMP

02/21/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: BECHAMP, HILDA M
Address: 500 S.W. 130 TERRACE
City-St-Zip: PEMBROKE PINES, FL 33027

Title: VP () Delete
Name: BECHAMP, LOUISE M
Address: 1040 N.W. 70TH WAY
City-St-Zip: PLANTATION, FL 33313

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: BECHAMP, LOUISE M
Address: 1040 NW 70TH WAY
City-St-Zip: PLANTATION, FL 33313

Title: VP (X) Change () Addition
Name: NATOLI, DANIEL L
Address: 1040 NW 70TH WAY
City-St-Zip: PLANTATION, FL 33313

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LOUISE M. BECHAMP

PRES

02/21/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date