2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 20, 2006 08:00 AM Secretary of State

DOCUMENT	# L02000022973
1 Entity Name	

Entity Name
 IDARA, LLC



Principal Place of Business

345 WEST 74TH PLACE MIAMI, FL 33014 Mailing Address

345 WEST 74TH PLACE MIAMI, FL 33014



DO NOT WRITE IN THIS SPACE

02082006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 51-0429792

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Regulard

6. Name and Address of Current Registered Agent

CANTOR, JERALD C ESQUIRE 4000 HOLLYWOOD BLVD., STE 265 S HOLLYWOOD, FL 33021

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.

Signature, typed or printed name of registered agent and title it stripticable

(NOTE Registered Agent signature required when reinstating)

DATE

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

U00000440980 03/03/06-80018-003 50.00

9. MANAGING MEMBERS/MANAGERS		MBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ZAMBITO, STEVEN 345 W 74TH PL MIAMI, FL 33014	
title Name Street address City-St-Zip	MGR GREENSTEIN, STUART 345 W 74TH PL MIAMI, FL 33014	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MENDOZA, BRUNO 345 W 74TH PL MIAMI, FL 33014	
TITLE NAME STREET ADORESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-SI-ZIP		
TITLE		

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report is five 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:

name Street address City-St-Zip

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

114/06

325 362 3035

Daytime Phone #