- 2004 LIMITED LIABILITY COMPANY

SIGNATURE: Charles Ness Communication of SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

ANNUAL REPURI					_ Jan 26, 2004 08:00 AM
DOCUMENT # L03000001719					Secretary of State
1. Entity Nam ARIEL M	TE ANAGEMENT, LLC	-			
ļ				Section.	
Principal Place of Business		Mailing Address		•	
750 OCEAN DRIVE, STE. 105 MIAMI BEACH, FL 33139		750 OCEAN DRIVE, STE. 105 MIAMI BEACH, FL 33139			
		T			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01172004 Chg-LLC CR2E083 (10/03)
City & Stat	le ·	City & State			4. FEI Number Applied For Not Applicable
Zip	Country	Zip	Cour	ntry	5. Certificate of Status Desired \$5.00 Additional Fee Required
	6. Name and Address of Current F				7. Name and Address of New Registered Agent
NECS CH	IABLES A			Name	• •
NESS, CHARLES A 10250 COLLINS AVENUE, #403 BAL HARBOUR, FL 33154				Street Address ((P.O. Box Number is Not Acceptable)
				City	FL Zip Code
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 if appricable (NOTE, Registered Agent signature required when reinstating) DATE					
Filing Fee is \$50.00 Due by May 1, 2004					Make check payable to Florida Department of State
9.	MANAGING MEMBEI	RS/MANAGERS	10.		ADDITIONS/ CHANGES
TITLE	MGR	☐ Delete	TITE		☐ Change ☐ Addition
MAME	NESS, CHARLES A		NAN	1	
STREET ADDRESS	10250 COLLINS AVENUE, #403			EET ADDRESS '-ST-ZIP	U00000013033 * ;
CITY - ST - ZIP	BAL HARBOUR, FL 33154 MGR	770/4			01/26/04-00037-010-55-566
TITLE NAME	MUHLRAD, MORRIS	☐ Delete	TITL		Grange Addition
STREET ADDRESS	750 OCEAN DRIVE, STE. 105	•	STR	EET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	· · · · · · · · · · · · · · · · · · ·	CITY	/-ST-ZIP	
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STREET ADDRESS				EET ADDRESS (-ST-ZIP	
CITY ST ZIP		of the Millians of the control of the control	ا		notice 140 OTCOMO Charieta Charieta I ficulture month, that this is for any than
indicated limited lia	certify that the information supplied with If on this report is true and accurate and ability company or the receiver or trustee	that my signature shall have empowered to execute this	the sam	ne legal effect as if r s required by Chap	ection 119.07(3)(i), Florida Statutes. I further certify that the information made under oath; that I am a managing member or manager of the ster 608, Florida Statutes.