


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90175 017 ****55.00

DOCUMENT # L03000001719

1. Entity Name
ARIEL MANAGEMENT, LLC



Principal Place of Business
**750 OCEAN DRIVE, STE. 105
 MIAMI BEACH, FL 33139**

Mailing Address
**750 OCEAN DRIVE, STE. 105
 MIAMI BEACH, FL 33139**

20010304



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

02062005 Chg-LLC CR2E083 (10/03)

City & State
 - Zip - - Country

4. FEI Number
APPLIED FOR

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
**NESS, CHARLES A
 10250 COLLINS AVENUE, #403
 BAL HARBOUR, FL 33154**

7. Name and Address of New Registered Agent
 Name **Ness Charles A**
 Street Address (P.O. Box Number is Not Acceptable)
9464 Byron Avenue
 City **Surfside** FL Zip Code **33154**

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 **Charles A Ness**  **2/7/05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
 Due by May 1, 2005**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

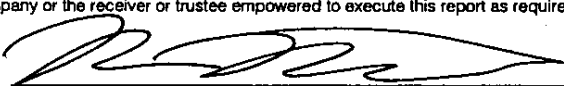
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGR	NESS, CHARLES A	10250 COLLINS AVENUE, #403	BAL HARBOUR, FL 33154	<input type="checkbox"/>
MGR	MUHLRAD, MORRIS	750 OCEAN DRIVE, STE. 105	MIAMI BEACH, FL 33139	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		9464 Byron Ave	Surfside FL 33154	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:



2/7/05 - 305-534-2161

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

Date

Daytime Phone #