




**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

03-01-2006 90222 003 \*\*\*\*55.00

<b>DOCUMENT # L03000001719</b>			
1. Entity Name <b>ARIEL MANAGEMENT, LLC</b>			
Principal Place of Business <b>750 OCEAN DRIVE, STE. 105 MIAMI BEACH, FL 33139</b>		Mailing Address <b>750 OCEAN DRIVE, STE. 105 MIAMI BEACH, FL 33139</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>APPLIED FOR 30-0166108</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>	
8. Name and Address of Current Registered Agent <b>NESS, CHARLES A 9464 BYRON AVE SURFSIDE, FL 33154</b>		7. Name and Address of New Registered Agent	
Name		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 		DATE <b>2/27/06</b>	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)		DATE	
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NESS, CHARLES A	NAME	
STREET ADDRESS	9464 BYRON AVE	STREET ADDRESS	
CITY-ST-ZIP	SURFSIDE, FL 33154	CITY-ST-ZIP	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUHLRAD, MORRIS	NAME	
STREET ADDRESS	750 OCEAN DRIVE, STE. 105	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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 		DATE <b>2/27/06</b> DAYTIME PHONE # <b>534-2161</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE DAYTIME PHONE #	

Federal ID # 30-0166108



ATTACHMENT

30002707

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 3, 2006

ARIEL MANAGEMENT, LLC  
750 OCEAN DRIVE, STE. 105  
MIAMI BEACH, FL 33139

Subject: ARIEL MANAGEMENT, LLC

Reference Number: L03000001719

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$55.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Because our records reflect the above referenced entity previously applied for its Federal Employer Identification (FEI) Number, it must now include its FEI number on the annual report/uniform business report or attach a photocopy of the FEI number application to the document before we can complete your filing.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/CD  
ANNUAL REPORTS SECTION

copy

ATTACHMENT  
30002707  
#L03000001719

DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE  
CINCINNATI OH 45999-0023

DATE OF THIS NOTICE: 04-22-2003  
NUMBER OF THIS NOTICE: CP 575 F  
EMPLOYER IDENTIFICATION NUMBER: 30-0166108  
FORM: SS-4 NOBOD

OR ASSISTANCE CALL US AT:  
-800-829-0115

OR WRITE TO THE ADDRESS  
SHOWN AT THE TOP LEFT.

IF YOU WRITE, ATTACH THE  
TOP OF THIS NOTICE.

ARIEL MANAGEMENT LLC  
% CHARLES ALEXANDER NESS  
750 OCEAN DR NO 105  
MIAMI BCH FL 33139

**WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)**

Thank you for your Form SS-4, Application for Employer Identification Number (EIN). We assigned you EIN 30-0166108. This EIN will identify your business account, tax returns, and documents even if you have no employees. Please keep this notice in your permanent records.

Use your complete name and EIN shown above on all federal tax forms, payments and related correspondence. If you use any variation of your name or EIN, it may cause a delay in processing and may result in incorrect information in your account. It also could cause you to be assigned more than one EIN.

Please use the label IRS provided when filing tax documents. If that isn't possible, use your EIN and complete name and address shown below to identify your account and to avoid delays in processing.

ARTEL MANAGEMENT LLC  
% CHARLES ALEXANDER NESS  
NESS CHAELES ALEXANDER MEMBER  
750 OCEAN DR NO 105  
MIAMI BCH FL 33139

If this information isn't correct, please correct it using page 2 of this notice. Return it to the address shown so we can correct your account.