


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

8/31/2006-90044-047-\$50.00-\$50.00


FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 14 AM 11:24

DOCUMENT # L03000022778 1. Entity Name SARUA LLC	
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Principal Place of Business 999 EAST COMMERCIAL BLVD. OAKLAND PARK, FL 33334	Mailing Address 999 EAST COMMERCIAL BLVD. OAKLAND PARK, FL 33334
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DO NOT WRITE IN THIS SPACE



07122006 No Chg-LLC CR2E083 (11/05)

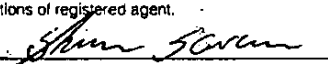
4. FEI Number 51-0474746	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

SARUA, SHAKER
999 EAST COMMERCIAL BLVD.
OAKLAND PARK, FL 33334

**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:  8-26-06
Signature, typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent signature required when re-stating) DATE

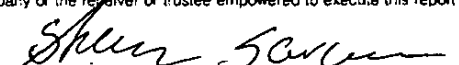
**Filing Fee is \$50.00
Due by September 6, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SARUA, SHAKER 10910 NW 49 DRIVE CORAL SPRINGS, FL 33076
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SARUA, NINA 10910 NW 49 DRIVE CORAL SPRINGS, FL 33076
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SARUA, SAMIR 5523 NW 125 TERRACE CORAL SPRINGS, FL 33076
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

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:  9-19-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #