## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

BIGNATURE AND TYPED OR PRINTED NAME OF BIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

## DOCUMENT #L04000015060



FILED
Jul 11, 2006 08:00 AN
Secretary of State

DARER MANAGEMENT LLC						^		tui y	
Principal Place of Business 20201 E COUNTRY CLUB DRIVE UNIT 2310 AVENTURA, FL 33180		Mailing Address 20201 E COUNTRY CLUB DRIVE UNIT 2310 AVENTURA, FL 33180			I 2814 BIBN 8871 9811 881	K 88:01 K <b>40</b> ( B)		1 <b>0</b> 1 (11 22 <b>7</b> ):	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			07032006	Chg-LLC	CR2E0	83 (11/05)	
City & State		City & State			4. FEI Numb 20-080			_ <del> </del>	olied For Applicable
Zip	Country	Zip	Coun	try		of Status Desired		\$5.00 Addi	tional
	6. Name and Address of Current	Registered Agent	L,		7. Name and	Address of New R		····	
PARKER, JAY P				Name					
	HINGTON AVENUE	Street Address			(P.O. Box Number is Not Acceptable)				
	ACH, FL 33139								
	•			City			FL	Zip Code	
	named entity submits this statement fo ions of registered agent.	r the purpose of changing its	register	ed office or register	ed agent, or bo	th, in the State of Fk	orida. I am I	amiliar with, a	and accept
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTI	E: Registere	d Agent signature required	when reinstating)		DATE		
Filing Fee is \$50.00 Due by September 6, 2006					Make check payable to Fiorida Department of State				
9.	MANAGING MEMBE	RS/MANAGERS	10.	<u> </u>	·	ADDITIONS	/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DARER, OSCAR 20201 E COUNTRY CLUB DRIVI AVENTURA, FL 33180	□ Delete E, # 2310		į.		U0000 07/11/06	056948: -80029	□ Change 3 -017 55	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DARER, SARITA 20201 E COUNTRY CLUB DRIVI AVENTURA, FL 33180	☐ Delete		1				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DARER, EDUARDO 20201 E COUNTRY CLUB DRIV	□ Delete E, # 2310		<b>I</b>		- 1	· · · · · · · · · · · · · · · · · · ·	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		I .				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		1				☐ Change	☐ Addition
indicated	certify that the information supplied with I on this report is true and accurate and ability company or the receiver or truste	that my signature shall have	the sam	e legal effect as it n	nade under oat	h; that I am a mana	urther certify ging membe	that the info or or manage	rmation r of the