2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Jul 13, 2006 8:00 am
Secretary of State
03-10-2006 90131 050 ****55.00

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1. Entity Name
DARER MANAGEMENT LLC

Principal Place of Business	Mailing Address
20201 E COUNTRY CLUB DRIVE UNIT 2310 AVENTURA, FL 33180	20201 E COUNTRY CLUB DRIVE UNIT 2310 AVENTURA, FL 33180

02282006 Chg-LLC CR2E083 (11/05)

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 20-0805324 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PARKER, JAY P 1601 WASHINGTON AVENUE 310 MIAMI BEACH, FL 33139	Name GARY KORN Street Address (P.O. Box Number is Not Acceptable) 20801 BISCAYNE BLVD SUITE 501 City AVENTURA FL Zip Code 33180

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 Gary A. Korn 7/10/2006
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, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM DARER, OSCAR 20201 E COUNTRY CLUB DRIVE, # 2310 AVENTURA, FL 33180 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM DARER, SARITA 20201 E COUNTRY CLUB DRIVE, # 2310 AVENTURA, FL 33180 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM DARER, EDUARDO 20201 E COUNTRY CLUB DRIVE, # 2310 AVENTURA, FL 33180 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: [signature] 2/28/2006 3059362181
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #