

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000067469

1. Entity Name
ARI, LLC



Principal Place of Business
9491 SW 14TH AVENUE
OCALA, FL 34476

Mailing Address
9491 SW 14TH AVENUE
OCALA, FL 34476

DO NOT WRITE IN THIS SPACE



02142008 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1737333	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ASHCROFT, LISA M
9491 SW 14TH AVENUE
OCALA, FL 34476

**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 _____
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**

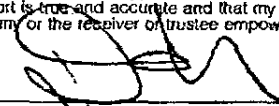
UN00007438432
03/01/06-80005-017 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ASHCROFT, DAVID C TRUSTEE 9491 SW 14TH AVENUE OCALA, FL 34476
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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 60B, Florida Statutes.

SIGNATURE:  **2/16/06** **352 291 2222**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #