


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 22, 2005 8:00 am**  
**Secretary of State**

08-22-2005 90188 037 \*\*\*\*50.00

<b>DOCUMENT # L04000073994</b>		
1. Entity Name <b>ARIANA MANAGEMENT, LLC</b>		

Principal Place of Business <b>3435 ROYAL PALM AVENUE MIAMI BEACH, FL 33140</b>	Mailing Address <b>3435 ROYAL PALM AVENUE MIAMI BEACH, FL 33140</b>
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2. Principal Place of Business <b>5900 COLLINS AVE</b>		3. Mailing Address <b>5900 COLLINS AVE</b>	
Suite, Apt. #, etc. <b>#1904</b>		Suite, Apt. #, etc. <b>#1904</b>	
City & State <b>MIAMI BEACH, FL</b>		City & State <b>MIAMI BEACH, FL</b>	
Zip <b>33140</b>	Country <b>USA</b>	Zip <b>33140</b>	Country <b>USA</b>



07052005 Chg-LLC CR2E083 (10/03)

4. FEI Number <b>68-0597886</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent	
<b>SKOP, MICHAEL WILLIA 12865 WEST DIXIE HIGHWAY 2ND FL NORTH MIAMI, FL 33161</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by September 7, 2005**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NOAM, BERUCH 3435 ROYAL PALM AVENUE MIAMI BEACH, FL 33140 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NOAM, CINDY 3435 ROYAL PALM AVENUE MIAMI BEACH, FL 33140 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BEKRIS-SELKY, MARIA 3435 ROYAL PALM AVENUE MIAMI BEACH, FL 33140 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SELKY, SCOTT 3435 ROYAL PALM AVENUE MIAMI BEACH, FL 33140 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NOAM, BARUCH 5900 COLLINS AVE #1904 MIAMI BEACH, FL 33140 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NOAM, CINDY 5900 COLLINS AVE #1904 MIAMI BEACH, FL 33140 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BEKRIS-SELKY, MARIA - <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SELKY, SCOTT 150 wildflower way streamwood, IL 60107 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**July 14, 2005 (2005)**  
Date Daytime Phone #