

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000077442

Entity Name: ARI ADVISORS, LLC

FILED  
Jun 22, 2007  
Secretary of State

## Current Principal Place of Business:

435 CAMPANA AVENUE  
CORAL GABLES, FL 33156

## New Principal Place of Business:

390 CAMPANA AVENUE  
CORAL GABLES, FL 33156

## Current Mailing Address:

435 CAMPANA AVENUE  
CORAL GABLES, FL 33156

## New Mailing Address:

390 CAMPANA AVENUE  
CORAL GABLES, FL 33156

FEI Number: 20-1798183      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

ERICKSON, CRAIG  
435 CAMPANA AVENUE  
CORAL GABLES, FL 33156      US

## Name and Address of New Registered Agent:

ERICKSON, CRAIG  
390 CAMPANA AVENUE  
CORAL GABLES, FL 33156      US

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.

SIGNATURE: \_\_\_\_\_

06/22/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM      ( ) Delete  
Name: ERICKSON, CRAIG  
Address: 435 CAMPANA AVENUE  
City-St-Zip: CORAL GABLES, FL 33156

## ADDITIONS/CHANGES:

Title: MGRM      (X) Change      ( ) Addition  
Name: ERICKSON, CRAIG  
Address: 390 CAMPANA AVENUE  
City-St-Zip: CORAL GABLES, FL 33156

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CRAIG ERICKSON

CE

06/22/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date