

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR)**

DOCUMENT # L05000010754

1. Entity Name

ARIZONA FUNDS, LLC



**FILED  
Mar 13, 2006 8:00 am  
Secretary of State**

03-13-2006 90355 037 \*\*\*\*55.00



1st MOORE CR2E083 (10/05)

Principal Place of Business <b>8830 BAYWOOD PARK DR</b> Suite, Apt. #, etc.		Mailing Address <b>8830 BAYWOOD PARK DR</b> SEMINOLE FL 33777 US	
2. Principal Place of Business <b>8830 BAYWOOD PARK DR</b> Suite, Apt. #, etc.		3. Mailing Address <b>8830 BAYWOOD PARK DR</b> Suite, Apt. #, etc.	
City & State <b>SEMINOLE FLORIDA</b> Zip <b>33777</b>		City & State <b>SEMINOLE FLORIDA</b> Zip <b>33777</b>	
Country <b>USA</b>	Country <b>USA</b>	4. FEI Number <b>20-2240713</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>SABA, FADI 8830 BAYWOOD PARK DR SEMINOLE FL 33777</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b>	

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 reconstituting)

DATE

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SABA, FADI 8830 BAYWOOD PARK DR SEMINOLE FL 33777	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 exemptions contained in Section 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/27/06 727-394-7709

Daytime Phone #