


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUL 10 AM 11:05

DOCUMENT # L05000037072 1. Entity Name R&A MIAMI BEACH, LLC					
Principal Place of Business 6175 N.W. 167 STREET, SUITE G-14 MIAMI, FL 33015			Mailing Address 6175 N.W. 167 STREET, SUITE G-14 MIAMI, FL 33015		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
4. FEI Number 07052006 Chg-LLC CR2E083 (11/05)				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CISNEROS, AMELINA G 6175 N.W. 167 STREET, SUITE G-14 MIAMI, FL 33015			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 re-registering) DATE _____					
Filing Fee is \$50.00 Due by September 6, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR A&R ENTERPRISE/ASSOCIATED, INC. 6175 N.W. 167 STREET, SUITE G-14 MIAMI, FL 33015	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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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 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: <u>Amelina Cisneros</u> <u>July 7, 2006</u> <u>305 819-2230</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date City/Phone #</small>					