

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90042 012 ****50.00

2006/015



01092006 Chg-LLC CR2E083 (11/05)

DOCUMENT # L05000058074					
1. Entity Name ARIELLE'S LLC					
Principal Place of Business 105 HARBOR WAY HOBE SOUND, FL 33455			Mailing Address 105 HARBOR WAY HOBE SOUND, FL 33455		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number	
				Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DANIELS, JERE F JR. 250 PARK AVENUE S. 5TH FLOOR WINTER PARK, FL 32789			Name WHWW, INC Street Address (P.O. Box Number is Not Acceptable) 390 N ORANGE AVENUE Suite 1500 City Orlando FL Zip Code 32801		
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.					
By: <u>Deborah Fricker, VP</u> <u>[Signature]</u> <u>4/3/06</u> SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
			MGRM Gelman, Jeffrey 100 Harbor Way Hobe Sound, FL 33455		
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	
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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>[Signature]</u> <u>Jeffrey Gelman</u> <u>3/28/06</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					