
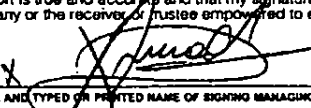


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

04-07-2006 90211 011 \*\*\*\*50.00

<b>DOCUMENT # L05000078862</b> 1. Entity Name <b>ARINWARE, LLC</b>					
Principal Place of Business <b>14645 NW 77TH AVENUE SUITE 107 MIAMI LAKES, FL 33014</b>			Mailing Address <b>14645 NW 77TH AVENUE SUITE 107 MIAMI LAKES, FL 33014</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01242006 Chg-LLC CR2E083 (11/05)	
4. FEL Number <b>20-3297959</b>				Applied For <input 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 <b>AMAD, JORGE R 3100 SW 186TH TERRACE MIRAMAR, FL 33029</b>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>		9. MANAGING MEMBERS/MANAGERS	
10. ADDITIONS/CHANGES		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
MGRM RIESGO, GUSTAVO 18455 MIRAMAR PARKWAY, SUITE 205 MIRAMAR, FL 33029		MGRM APPROACH TECHNOLOGIES INT'L, LLC 14645 NW 77TH AVENUE, SUITE 107 MIAMI LAKES, FL 33014		MGRM APPROACH TECHNOLOGIES INT'L, LLC 14645 NW 77TH AVENUE, SUITE 107 MIAMI LAKES, FL 33014	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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.					
<b>SIGNATURE: X</b> 				<b>X 04/04/2006</b> Date Daytime Phone #	