

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000100623

FILED  
Aug 27, 2007  
Secretary of State

Entity Name: AR TIDES, LLC

**Current Principal Place of Business:**

41 THE HEMLOCKS  
ROSLYN, NY 11576

**New Principal Place of Business:**

**Current Mailing Address:**

41 THE HEMLOCKS  
ROSLYN, NY 11576

**New Mailing Address:**

FEI Number: 13-4312685      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:**

BLOOMGARDEN & ASSOCIATES, PA  
8551 WEST SUNRISE BLVD  
SUITE 208  
FORT LAUDERDALE, FL 33322 US

**Name and Address of New Registered Agent:**

KHAZZAM, RODNEY  
3330 NE 190TH STREET  
SUITE 1412  
AVENTURA, FL 33180 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: RODNEY KHAZZAM

08/27/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: KHAZZAM, ALFRED  
Address: 41 THE HEMLOCKS  
City-St-Zip: ROSLYN, NY 11576

Title: MGRM ( ) Delete  
Name: KHAZZAM, RODNEY  
Address: 41 THE HEMLOCKS  
City-St-Zip: ROSLYN, NY 11576

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: RODNEY KHAZZAM

MGRM

08/27/2007

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