


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 A
Secretary of State

DOCUMENT # L05000101869 1. Entity Name ARDMOOR LLC	
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Principal Place of Business 1601 NORTH VIEW DRIVE MIAMI BEACH, FL 33140	Mailing Address 1601 NORTH VIEW DRIVE MIAMI BEACH, FL 33140
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DO NOT WRITE IN THIS SPACE



04082007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-3775409	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent WALKER, PHILLIP E 1601 NORTH VIEW DRIVE MIAMI BEACH, FL 33140
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**DO NOT WRITE
IN THIS SPACE**

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 reinstating) _____ DATE _____

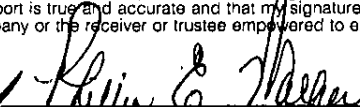
**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BERNHARDT PETER GOLD HARIG TRUST 1601 NORTH VIEW DRIVE MIAMI BEACH, FL 33140
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UD0000710253
04/25/07-80037-005 50.00

**DO NOT WRITE
IN THIS SPACE**

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:  **4-13-07** **305-673-3442**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #