

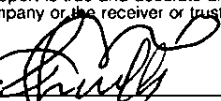


**FILED**  
**Apr 09, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000103818</b>			
1. Entity Name <b>GARU 2000, LLC</b>			
Principal Place of Business <b>C/O 3843 FALCON RIDGE CIRCLE WESTON, FL 33331</b>		Mailing Address <b>C/O 3843 FALCON RIDGE CIRCLE WESTON, FL 33331</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		02012008No Chg-LLC      CR2E083 (12/07)	
		4. FEI Number <b>20-3797716</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>AGI REGISTERED AGENTS, INC. 1200 BRICKELL AVENUE, SUITE 900 MIAMI, FL 33131</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			
9. MANAGING MEMBERS/MANAGERS		<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR VARGAS, RUTH M C/O 3843 FALCON RIDGE CIRCLE WESTON, FL 33331</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR RADICS, GABOR C/O 3843 FALCON RIDGE CIRCLE WESTON, FL 33331</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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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: 		4/4/08      954 6599328	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date      Daytime Phone #	