

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000104373

FILED
Jan 13, 2006
Secretary of State

Entity Name: ARIEL MICROSYSTEMS, LLC

Current Principal Place of Business:

4505 BARRISTER DRIVE
CLERMONT, FL 34711

New Principal Place of Business:

4505 BARRISTER DRIVE
CLERMONT, FL 34711 US

Current Mailing Address:

4505 BARRISTER DRIVE
CLERMONT, FL 34711

New Mailing Address:

4505 BARRISTER DRIVE
CLERMONT, FL 34711 US

FEI Number: 20-3727962

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SCHWARTZ, JUDITH B
Address: 4505 BARRISTER DRIVE
City-St-Zip: CLERMONT, FL 34711

Title: MGR () Delete
Name: SCHWARTZ, GERALD A
Address: 4505 BARRISTER DRIVE
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SCHWARTZ, JUDITH B
Address: 4505 BARRISTER DRIVE
City-St-Zip: CLERMONT, FL 34711 US

Title: SEC (X) Change () Addition
Name: SCHWARTZ, GERALD A
Address: 4505 BARRISTER DRIVE
City-St-Zip: CLERMONT, FL 34711 US

I hereby certify that the information supplied with this filing does not qualify for the 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: JUDITH B SCHWARTZ

MGRM

01/13/2006

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