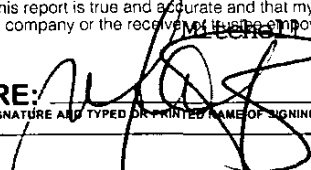


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000106291 1. Entity Name SARIERA LLC					
Principal Place of Business 2665 SOUTH BAYSHORE DR., STE. 703 C/O MITCHELL S. POLANSKY MIAMI, FL 33133			Mailing Address 2665 SOUTH BAYSHORE DR., STE. 703 C/O MITCHELL S. POLANSKY MIAMI, FL 33133		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-4447229	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent POLANSKY, MITCHELL S ESQ 2665 SOUTH BAYSHORE DR., STE. 703 MIAMI, FL 33133				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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR POLANSKY, MITCHELL S 2665 SOUTH BAYSHORE DR., STE. 703 MIAMI, FL 33133	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WEINER, RICHARD 2665 SOUTH BAYSHORE DR., STE. 703 MIAMI, FL 33133	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WEINER, ARLETTE 2665 SOUTH BAYSHORE DR., STE. 703 MIAMI, FL 33133	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
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 of the company and have authorized the filing of this report as required by Chapter 608, Florida Statutes.			200075891362 06/06/06--01047--003 **1800.00		
SIGNATURE: 			4/19/06 (305) 858-9900		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

FILED

06 MAY -8 PM 2:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04192006 Chg-LLC CR2E083 (11/05)