

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000106291 1. Entity Name SARIERA LLC						FILED 07 MAY 14 PM 1:30 DEPT. OF STATE TALLAHASSEE, FLORIDA	
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 - No P.O. Box # 2665 S. Bayshore Drive		3. Mailing Address 2665 S. Bayshore Drive					
Suite, Apt. #, etc. Suite 703		Suite, Apt. #, etc. Suite 703					
City & State Miami, FL		City & State Miami, FL					
Zip 33133		Country USA		Zip 33133		Country USA	
4. FEI Number 20-4447229				Applied For ☐ Not Applicable			
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
Filing Fee is \$50.00 Due by May 1, 2007				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	☐ Change ☐ Addition <i>\$93/22</i>		
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	☐ Change ☐ Addition 000103531830 05/30/07--01032--018 **650.00		
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	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
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: <i>Mitchell S. Polansky</i>				Date: 4/30/07			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Daytime Phone # (305) 858-9900			