


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90201 044 ****50.00

DOCUMENT # L06000040443 1. Entity Name ARMAN GROUP, LLC	
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Principal Place of Business 1764 GRANGE CIR. LONGWOOD, FL 32750	Mailing Address 1764 GRANGE CIR. LONGWOOD, FL 32750
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2. Principal Place of Business - No P.O. Box # 601 N. New York Ave. Suite, Apt. #, etc. 205	3. Mailing Address 601 N. New York Ave. Suite, Apt. #, etc. Suite 205	4. FEI Number 14-1962894
City & State Winter Park	City & State Winter Park	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
Zip 32789 Country USA	Zip 32789 Country USA	



01312007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent

ARMAN, SAM
1764 GRANGE CIR.
LONGWOOD, FL 32750

7. Name and Address of New Registered Agent

Name **Sam Arman**
 Street Address (P.O. Box Number is Not Acceptable)
601 N. New York Ave.
Suite 205
 City **Winter Park** **FL** Zip Code **32789**

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 *Sam Arman* (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
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9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARMAN, SAM		NAME	SAM ARMAN	
STREET ADDRESS	P.O. BOX 520383		STREET ADDRESS	601 N. New York Ave, Suite 205	
CITY - ST - ZIP	LONGWOOD, FL 323520383		CITY - ST - ZIP	Winter Park, FL 32789	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		

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: *Sam Arman* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date _____ Daytime Phone # _____