

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000056230

FILED
Apr 10, 2007
Secretary of State

Entity Name: ARATARI ENTERPRISES, LLC

Current Principal Place of Business:

C/O 1480 N.E. 28TH STREET
POMPANO BEACH, FL 33064 US

New Principal Place of Business:

2724 EAST ATLANTIC BLVD
POMPANO BEACH, FL 33062 US

Current Mailing Address:

C/O 1480 N.E. 28TH STREET
POMPANO BEACH, FL 33064 US

New Mailing Address:

2724 EAST ATLANTIC BLVD
POMPANO BEACH, FL 33062 US

FEI Number: 86-1173227

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RONALD M. GACHE, P.A.
ONE NO. CLEMATIS STREET
SUITE 500
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

ARATARI, ROBERT F CEO
2724 EAST ATLANTIC BLVD
POMPANO BEACH, FL 33062 US

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: ROBERT ARATARI

04/10/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: ARATARI, ROBERT F CEO
Address: 2724 EAST ATLANTIC BLVD
City-St-Zip: POMPANO BEACH, FL 33062

Title: MGRM () Change (X) Addition
Name: STOUT, JAY V
Address: 2724 EAST ATLANTIC BLVD
City-St-Zip: POMPANO BEACH, FL 33062

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: ROBERT ARATARI

MGRM

04/10/2007

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