



2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000068696 1. Entity Name LERAAR, LLC	
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Principal Place of Business 4770 BISCAYNE BLVD., SUITE 970 MIAMI, FL 33137	Mailing Address 4770 BISCAYNE BLVD., SUITE 970 MIAMI, FL 33137
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DO NOT WRITE IN THIS SPACE

	
03252008 No Chg-LLC	CR2E083 (12/07)
4. FEI Number 20-5280550	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SHARPE, LEON E
 4770 BISCAYNE BLVD., SUITE 970
 MIAMI, FL 33137

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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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHARPE, LEON E 4770 BISCAYNE BLVD., SUITE 970 MIAMI, FL 33137
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 05/27/08-80047-025 138.75

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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: Leon E Sharpe Date: 4/29/08 Daytime Phone #: 305-573-3823

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE