2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000045745

Entity Name: LARA, LLC

Current Principal Place of Business:	**New Principal Place of Business:**
2121 PONCE DE LEON BLVD. SUITE 740 CORAL GABLES, FL 33134	7869 NW 52 STREET DORAL, FL 33166

Current Mailing Address:	**New Mailing Address:**
PO BOX 398208 MIAMI BEACH, FL 33239	7869 NW 52 STREET DORAL, FL 33166

FEI Number: 20-8941084   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
PIRONIO, RONAN 2121 PONCE DE LEON BLVD. 740 CORAL GABLES, FL 33134 US	PIRONIO, RONAN 7869 NW 52 STREET DORAL, FL 33166 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: RONAN PIRONIO   02/27/2009
_____
Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS: **ADDITIONS/CHANGES:**

Title:	MGR ( ) Delete		Title:	MGR (X) Change ( ) Addition
Name:	PIRONIO, RONAN		Name:	PIRONIO, RONAN
Address:	2121 PONCE DE LEON BLVD. # 740		Address:	7869 NW 52 STREET
City-St-Zip:	CORAL GABLES, FL 33134		City-St-Zip:	DORAL, FL 33166
Title:	MGRM ( ) Delete		Title:	MGRM (X) Change ( ) Addition
Name:	MACERA, NORBERTO		Name:	MACERA, NORBERTO
Address:	2121 PONCE DE LEON BLVD. # 740		Address:	7869 NW 52 STREET
City-St-Zip:	CORAL GABLES, FL 33134		City-St-Zip:	DORAL, FL 33166

I hereby certify that the information supplied with this filing does not qualify 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: RONAN PIRONIO   MGR   02/27/2009
_____
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date