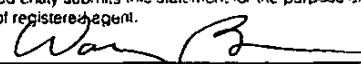


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Mar 12, 2008 8:00 am
Secretary of State

02-06-2008 90119 036 ***143.75

DOCUMENT # L07000051558					
1. Entity Name ARA 3801, LLC					
Principal Place of Business ONE SOUTHEAST THIRD AVE SUITE 2950 MIAMI FL 33131			Mailing Address ONE SOUTHEAST THIRD AVE SUITE 2950 MIAMI FL 33131		
2. Principal Place of Business - No P.O. Box # 1320 S. DIXIE HIGHWAY SUITE, Apt. #, etc. SUITE 241		3. Mailing Address 1320 S. DIXIE HIGHWAY SUITE, Apt. #, etc. SUITE 241			
City & State CORAL GABLES, FL.		City & State CORAL GABLES, FL.		4. FEI Number 26-0263445	
Zip 33146		Country USA		5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ROSE ELLEN ESQ THERREL BAISDEN, P.A. ONE S.E. 3RD AVENUE, SUITE 2950 MIAMI FL 33131			7. Name and Address of New Registered Agent Name WARREN BRYER Street Address (P.O. Box Number is Not Acceptable) 1320 S. DIXIE HIGHWAY SUITE 241 City CORAL GABLES, FL Zip Code 33146		
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  DATE 01/24/2008 Signature, typed or printed name of registered agent and the filer required (NOTE: Registered agent's signature required when submitting)					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State					
9. MANAGING MEMBERS/MANAGERS -			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR. ABRAHAM, ANTHONY R. 1320 S. DIXIE HIGHWAY #241 CORAL GABLES, FL. 33146 ☐ 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption contained in Section 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: 			DATE 01/31/2008 305-665-2222		
SIGNATURE AND TYPED OR PRINTED NAME OF FILING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE ANTHONY R. ABRAHAM					