

**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 037 ***143.75

DOCUMENT # L07000069019 1. Entity Name ARA 672; LLC																																																																													
Principal Place of Business C/O THERREL BAISDEN, P.A. ONE S.E. THIRD AVENUE, SUITE 2950 MIAMI FL 33131				Mailing Address C/O THERREL BAISDEN, P.A. ONE S.E. THIRD AVENUE, SUITE 2950 MIAMI FL 33131																																																																									
2. Principal Place of Business - No P.O. Box # 1320 S. DIXIE HIGHWAY SUITE 241		3. Mailing Address 1320 S. DIXIE HIGHWAY SUITE 241																																																																											
City & State CORAL GABLES, FL.		City & State CORAL GABLES, FL.		4. FEI Number 26-0472057																																																																									
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. C/O THERREL BAISDEN, P.A. ONE S.E. THIRD AVENUE, SUITE 2950 MIAMI FL 33131				7. Name and Address of New Registered Agent WARREN-BRYER 1320 S. DIXIE HIGHWAY SUITE 241 CORAL GABLES FL 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 01/24/2008 Signature, typed or printed name of registered agent and date accepted (NOTE: Registered Agent is required to sign and date this report.)																																																																													
FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to: Florida Department of State																																																																													
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left;">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="3" style="text-align: left;">10. ADDITIONS/CHANGES</th> </tr> </thead> <tbody> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;">☐ Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5">ABRAHAM, ANTHONY R.</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="5">1320 S.DIXIE HIGHWAY - #241 CORAL GABLES, FL. 33146</td> </tr> <tr><td colspan="6"> </td></tr> <tr><td colspan="6"> </td></tr> <tr><td colspan="6"> </td></tr> <tr><td colspan="6"> </td></tr> <tr><td colspan="6"> </td></tr> <tr><td colspan="6"> </td></tr> <tr><td colspan="6"> </td></tr> <tr><td colspan="6"> </td></tr> </tbody> </table>						9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS	ABRAHAM, ANTHONY R.					CITY-ST-ZIP	1320 S.DIXIE HIGHWAY - #241 CORAL GABLES, FL. 33146																																																				
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions 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: 01/31/2008 305-665-2222 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE																																																																													