

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000092683

FILED
Apr 28, 2011
Secretary of State

Entity Name: ARIEL ASSOCIATES MANAGEMENT LLC

Current Principal Place of Business:

185 S WESTMONTE DR
1216
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

5559 REMSEN CAY LN
WINDERMERE, FL 34786

Current Mailing Address:

185 S WESTMONTE DR
1216
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

5559 REMSEN CAY LN
WINDERMERE, FL 34786

FEI Number: 27-3386193

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PASSADOR, ALBERTO E
185 S WESTMONTE DR
185
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

PASSADOR, ALBERTO E
5559 REMSEN CAY LN
WINDERMERE, FL 34786 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: ALBERTO E PASSADOR

04/28/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: PASSADOR, ALBERTO E
Address: 5559 REMSEN CAY LN
City-St-Zip: WINDERMERE, FL 34786

Title: MGRM
Name: PASTORELLI PASSADOR, SILVIA H
Address: 5559 REMSEN CAY LN
City-St-Zip: WINDERMERE, FL 34786

Title: MGRM
Name: PASSADOR CASTRO, ELAINE C
Address: 5559 REMSEN CAY LN
City-St-Zip: WINDERMERE, FL 34786

Title: MGRM
Name: DE CASTRO, ADOLFO
Address: 5559 REMSEN CAY LN
City-St-Zip: WINDERMERE, FL 34786

I hereby 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: ALBERTO E PASSADOR

MGR

04/28/2011

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