

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Sep 01, 2005 8:00 am**  
**Secretary of State**

09-01-2005 90052 003 \*\*\*\*50.00

**DOCUMENT # L99000000852**

1. Entity Name  
**ARE MANAGEMENT LC.**



Principal Place of Business  
**16241 BRIDLEWOOD CIRCLE  
DELRAY, FL 33445**

Mailing Address  
**16241 BRIDLEWOOD CIRCLE  
DELRAY, FL 33445**



08232005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0894227**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**SCALESSE, RICHARD  
16241 BRIDLEWOOD CIRCLE  
DELRAY BEACH, FL 33445**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by September 7, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
SCALESSE, RICHARD S  
16241 BRIDLEWOOD CIRCLE  
DELRAY, FL 33445**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
SCALESSE, GAIL M  
16241 BRIDLEWOOD CIRCLE  
DELRAY, FL 33445**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** \_\_\_\_\_

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

Date

Daytime Phone #

*Richard Scalesse*

*8-28-05*

*561-4982850*