


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90016 007 ****50.00

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DOCUMENT # L04000009753					
1. Entity Name O 2, L.L.C.					
Principal Place of Business TURNBERRY PLAZA, STE 901-A 2875 N.E. 191ST ST AVENTURA, FL 33180			Mailing Address TURNBERRY PLAZA, STE 901-A 2875 N.E. 191ST ST AVENTURA, FL 33180		
2. Principal Place of Business 2875 NE 191 Street Suite, Apt. #, etc. Suite 901-A City & State Aventura Florida Zip 33180 Country USA		3. Mailing Address 2875 NE 191 Street Suite, Apt. #, etc. Suite 901-A City & State Aventura Florida Zip 33180 Country USA		03112005 Chg-LLC CR2E083 (10/03)	
4. FEI Number 47 0937585				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent SERBER, DANIEL J ESQ TURNBERRY PLAZA, STE 801 2875 N.E. 191ST ST AVENTURA, FL 33180			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
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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: <u>Willy A. Bernello</u>		Willy A. Bernello		04/12/2005 305 8603704	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	