

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000108503

FILED
Mar 27, 2007
Secretary of State

Entity Name: DE OLIVERIRA HOLDINGS, LLC

Current Principal Place of Business:

5884 NW 74TH STREET
PARKLAND, FL 33428

New Principal Place of Business:

Current Mailing Address:

5884 NW 74TH STREET
PARKLAND, FL 33428

New Mailing Address:

6354 NW 93RD DR.
PARKLAND, FL 33067

FEI Number: 20-3764756

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DE OLIVERIRA, ERLUCIO
5884 NW 74TH STREET
PARKLAND, FL 33428 US

Name and Address of New Registered Agent:

DE OLIVERIRA, ERLUCIO
6354 NW 93RD DR.
PARKLAND, FL 33067 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: ERLUCIO DE OLIVEIRA

03/27/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DE OLIVERIRA, ERLUCIO
Address: 5884 NW 74TH STREET
City-St-Zip: PARKLAND, FL 33428

Title: MGRM () Delete
Name: DE OLIVERIRA, DENISE
Address: 5884 NW 74TH STREET
City-St-Zip: PARKLAND, FL 33428

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DE OLIVERIRA, ERLUCIO
Address: 6354 NW 93RD DR.
City-St-Zip: PARKLAND, FL 33067

Title: MGRM (X) Change () Addition
Name: DE OLIVERIRA, DENISE
Address: 6354 NW 93RD DR.
City-St-Zip: PARKLAND, FL 33067

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: ERLUCIO DE OLIVEIRA

MGRM

03/27/2007

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