2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 30, 2007 8:00 am Secretary of State

DOCU 1. Entity Nan OAK, LLC		586				04-30-2007 90066 030 ****50.00	
901 PONCE	pe of Business DE LEON BOULEVARD, SUITE 603 BLES, FL 33134	Mailing Address 901 PONCE DE LEO CORAL GABLES, FL	n Bouleval 33134	RD, SUITE 6	503		
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address					
Suite. Apt. #. etc.		Suits. Apt. #. etc.			01172007 Chg-LLC CR2E083 (12/06)		
City & Stat	a	City & State		1	1	A. FEI Number 120 - 889926 Applied For	\exists
Zip	Country	Zip	Cour	rtry		5. Certificate of Status Desired LJ Not 7. Name and Address of New Registered \$5.00 Additional Fee Required	
	8. Name and Address of Current	Registered Agent		Name			寸
ALBORNOZ, WILLIAM H 901 PONCE DE LEON BOULEVARD, SUITE 603 CORAL GABLES, FL 33134				Street Add	lress (l	s (P.O. Box Number is Not Acceptable)	
	9 - 4. 1			City		FL Zip Code	\dashv
8. Trie above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE. Signature typed or printed name of registered agen< and Me A (MOTE: Registered Agent Sulpsiv/B required when fersiciting)							
Filing Fee Is \$50.00 Due by May 1,2007						Make check payable to Florida Department of State	
9.	MANAGING MEMBE	***************************************	10.			ADDITIONS/CHANGES	寸
TIM NAME STREET ADDRESS C1TY-ST-ZIP	ELHD10 RAMON POMPEYO BUENO DE LOS RIOS CAR 901 PONCE DE LEON BOULEVARD, SUITE 603 CORAL			E ET ADDRESS -81-ZIP		Q Change 🛭 Additio	on .
PTICE RAME STREET ADDRESS CITY-ST-ZIP	MGR □Delete MORELIA HURTADO DE BUENO 901 PONCE DE LEON BOULEVARD, SUITE 603 CORAL GABLES, FL 33134			E EETADDKSS -ST-ZIP		□ Change □ Additio	nc
UTLE NAME STREET ADDRESS CITK-ST-ZIP	a Delete			E TADOMISS ST-ziP		□ Change □ Additio	on
TITLE NAME STBELACOBESS CITY-ST-ZIP		o Delete	TITLE NAM! STRE	E ET RESSCTY-	7.2	□ Change □ Additio	nc
TITLE NAME STREET ADDRESS CITY-ST-21P	Delete			E ET ADORESS -S T-ZIP		□ Change □ Additio	x
VILE SAME STREET ADORESS CITY-ST-ZIP	Delete			E ET ADDHESS Y-SI-FT		□ Change □ Additio	×
11. I hereby certify that the information supplied with this filing does riot qualify for the exemptions contained in Chapter 119, Rorida 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 tlustee empowered to execute this report as required by Chapter 608. Florida Statutes. SIGNATURE: SOUNDED A PURPLE OF A NUTHORIZED 4 1 8 10 1 30 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5							