

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT # L06000094706**

1. Entity Name  
OTALVARO GROUP, LLC



FLORIDA  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 APR 23 AM 8:57

Principal Place of Business ATTN: CARLOS JUAN OTALVARO 7244 S.W. 42ND TERRACE, UNIT #5 MIAMI, FL 33155	Mailing Address ATTN: CARLOS JUAN OTALVARO 7244 S.W. 42ND TERRACE, UNIT #5 MIAMI, FL 33155
---	---



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

04042008 Chg-LLC CR2E083 (12/06)

4. FEI Number NOT APPLICABLE	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**

KRINZMAN, ALAN E ESQ.  
121 ALHAMBRA PLAZA, SUITE 1000  
CORAL GABLES, FL 33134

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS / MANAGERS	
TITLE: MGR NAME: OTALVARO, CARLOS J <input type="checkbox"/> Delete STREET ADDRESS: 7244 S.W. 42ND TERRACE, UNIT #5 CITY-ST-ZIP: MIAMI, FL 33155	
TITLE: MGR <input checked="" type="checkbox"/> Delete NAME: OTALVARO, NOAH STREET ADDRESS: 9468 PEACEFUL DRIVE CITY-ST-ZIP: SANIBEL, FL 33957	
TITLE: _____ <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: _____ <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: _____ <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: _____ <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	

10. ADDITIONS/CHANGES	
TITLE: MGR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: Antonio Otalvaro STREET ADDRESS: 5201 Blue Lagoon Drive, #250 CITY-ST-ZIP: Miami, FL 33126	
TITLE: MGR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: Francisco Otalvaro STREET ADDRESS: 5201 Blue Lagoon Drive, #250 CITY-ST-ZIP: Miami, FL 33126	
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** Carlos J. Otalvaro, Manager 4/9/08 (305) 266-9133

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #