

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90380 050 ****50.00

DOCUMENT # L99000009077	
1. Entity Name OPPENOFFICE, LLC	

Principal Place of Business 2545 BAY AVENUE SUNSET ISLAND #2 MIAMI BEACH, FL 33140	Mailing Address 2545 BAY AVENUE SUNSET ISLAND #2 MIAMI BEACH, FL 33140
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2. Principal Place of Business OPPENHEIM ARCHITECTURE + DESIGN	3. Mailing Address OPPENHEIM ARCHITECTURE + DESIGN
Suite, Apt. #, etc. 245 NE 37TH STREET, SUITE 102	Suite, Apt. #, etc. 245 NE 37TH STREET, SUITE 102
City & State MIAMI, FL	City & State MIAMI, FL
Zip 33137	Country USA

60044002



03082005 Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1036861	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent KUBIT, DONALD E ESQ. 100 S.E. 2ND STREET, 17TH FLOOR MIAMI, FL 33131	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MATT LI, ILONA 2545 BAY AVENUE MIAMI BEACH, FL 33140 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OPPENHEIM, ILONA 245 NE 37TH STREET SUITE 102 MIAMI, FL 33137 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE** Date _____ Daytime Phone # _____