2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2009
Secretary of State

DOCUMENT# L00000008912

Entity Name: ORESCO ENTERPRISES, L.L.C.

Current Principal Place of Business:

6920 NERVIA STREET
CORAL GABLES, FL 33146

New Principal Place of Business:

299 ALHAMBRA CIRCLE
C/O PRIMECARE
CORAL GABLES, FL 33134

Current Mailing Address:

6920 NERVIA STREET
CORAL GABLES, FL 33146

New Mailing Address:

299 ALHAMBRA CIRCLE
C/O PRIMECARE
CORAL GABLES, FL 33134

FEI Number: 65-1028954 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KRAMER, ROBERT M
4000 HOLLYWOOD BLVD., SUITE 485 SOUTH
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: HALEGUA, INO
Address: 6920 NERVIA STREET
City-St-Zip: CORAL GABLES, FL 33143

Title: MGR ( ) Delete
Name: HALEGUA, STEVEN
Address: 6920 NERVIA STREET
City-St-Zip: CORAL GABLES, FL 33143

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: HALEGUA, INO
Address: 299 ALHAMBRA CIRCLE
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR (X) Change ( ) Addition
Name: HALEGUA, STEVEN
Address: 7600 RED ROAD
City-St-Zip: CORAL GABLES, FL 33143

I hereby certify that the information supplied with this filing does not qualify 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: INO HALEGUA MGR 04/06/2009

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