

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 23, 2004 8:00 am
Secretary of State

07-23-2004 90069 016 *****50.00

DOCUMENT # L00000015435



1. Entity Name
OKEECHOBEE EQUITIES, L.L.C.

Principal Place of Business
**407 LINCOLN RD., STE. 9-L
MIAMI BEACH, FL 33139**

Mailing Address
**407 LINCOLN RD., STE. 9-L
MIAMI BEACH, FL 33139**

14026706



2. Principal Place of Business
**10302 NW 87 Ave
Suite, Apt. #, etc.
Hialeah Gardens, FL
City & State**

3. Mailing Address
**10302 NW 87 Ave
Suite, Apt. #, etc.
Hialeah Gardens, FL
City & State**

07012004 Chg-LLC CR2E083 (10/03)

Zip **33016** Country **USA**

4. FEI Number
65-1055435

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
**ROSE, ELLEN ESQ
THERREL BAISDEN, P.A.
SUNTRUST INT. CTR. 1 SE 3RD AVE, STE 2400
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

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 September 8, 2004**

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

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIENER, HAIM		NAME		
STREET ADDRESS	407 LINCOLN RD., STE. 9-L		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH, FL 33139		CITY-ST-ZIP		
TITLE	MGR	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARK, DANIA		NAME		
STREET ADDRESS	407 LINCOLN RD., STE. 9-L		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH, FL 33139		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FONTES, MARIO		NAME		
STREET ADDRESS	407 LINCOLN RD., STE. 9-L		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH, FL 33139		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AGOSTINI, MARCELLO		NAME		
STREET ADDRESS	407 LINCOLN RD., STE. 9-L		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH, FL 33139		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: MARIO FONTES Partner 7/19/04 305 298 5995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #