

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000015435

FILED
Apr 13, 2005
Secretary of State

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

Current Principal Place of Business:

10302 NW 87 AVE
HIALEAH GARDENS, FL 33016

New Principal Place of Business:

Current Mailing Address:

10302 NW 87 AVE
HIALEAH GARDENS, FL 33016

New Mailing Address:

FEI Number: 65-1055435

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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 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/MEMBERS:

Title: MGR () Delete
Name: WIENER, HAIM
Address: 407 LINCOLN RD., STE. 9-L
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGR () Delete
Name: FONTES, MARIO
Address: 407 LINCOLN RD., STE. 9-L
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGR () Delete
Name: AGOSTINI, MARCELLO
Address: 407 LINCOLN RD., STE. 9-L
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARIO FONTES

MM

04/13/2005

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