## **2004 LIMITED LIABILITY COMPANY**

## Jul 23, 2004 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT: # L02000017950** 07-23-2004 90067 005 \*\*\*\*50 00 O.A.C. DEVELOPERS, L.L.C. Principal Place of Business Mailing Address 6538 COLLINS AVE., SUITE 427 6538 COLLINS AVE., SUITE 427 MIAMI BEACH, FL 33141 MIAMI BEACH, FL 33141 07062004 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number NOT APPLICABLE Applied For Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CORDOVES, ORLANDO JR. DO NOT WRITE 6538 COLLINS AVE., SUITE 427 MIAMI BEACH, FL 33141 IN THIS SPACE 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** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by September 8, 2004 MANAGING MEMBERS/MANAGERS 9.14.7 MGR NAME CORDOVES, ORLANDO SR STREET ADDRESS 6538 COLLINS AVE STE 427 CITY-ST-ZIP MIAMI BEACH, FL 33141 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

11. I hereby certify that the information supplied with this filling 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.

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SIGNATURE:	-
SIGNATURE:	

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

07-07-04

Daytime Phone #

FILED