

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000032735

FILED  
Apr 30, 2007  
Secretary of State

Entity Name: ORIENTAL SF, LLC

## Current Principal Place of Business:

P.O. BOX 560221  
MIAMI, FL 33256 US

## New Principal Place of Business:

13033 SW 104 AVE  
MIAMI, FL 33176 US

## Current Mailing Address:

P.O. BOX 560221  
MIAMI, FL 33256 US

## New Mailing Address:

FEI Number: 20-0199319

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CHIN, LINDA A  
13033 SW 104 AVENUE  
MIAMI, FL 33176 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: MGRM ( ) Delete  
Name: CHIN, LINDA A  
Address: P.O. BOX 560221  
City-St-Zip: MIAMI, FL 33256 US

Title: MGRM ( ) Delete  
Name: PEPIN, MARK S  
Address: P.O. BOX 560221  
City-St-Zip: MIAMI, FL 33256 US

Title: MGRM ( ) Delete  
Name: DCY HOLDING CORPORAT, ION  
Address: P.O. BOX 560221  
City-St-Zip: MIAMI, FL 33256 US

## 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 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: LINDA A. CHIN

MGR

04/30/2007

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