


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 13, 2004 8:00 am**  
**Secretary of State**

04-13-2004 90330 048 \*\*\*\*50.00

**DOCUMENT # L03000036911**

1. Entity Name  
**ORUM, LLC**



Principal Place of Business  
**600 BRICKELL AVE., STE. 300Z  
 MIAMI, FL 33131**

Mailing Address  
**600 BRICKELL AVE., STE. 300Z  
 MIAMI, FL 33131**

**24040403**



2. Principal Place of Business  
**600 Brickell Ave # 503**  
 Suite, Apt. #, etc.  
**# 503**

3. Mailing Address  
**600 Brickell Ave # 503**  
 Suite, Apt. #, etc.  
**# 503**

03262004 Chg-LLC CR2E083 (10/03)

City & State  
**MIAMI FLORIDA**

City & State  
**MIAMI FLORIDA**

Zip  
**33131** Country **USA**

Zip  
**33131** Country **USA**

4. FEI Number  
**75-3131524**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**MAZZONI, FERNANDO**  
**600 BRICKELL AVE., STE. 300Z**  
**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 May 1, 2004**

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

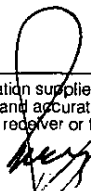
**9. MANAGING MEMBERS/MANAGERS**

TITLE MGR	<input type="checkbox"/> Delete
NAME RIVEIRO, JORGE LUIS	
STREET ADDRESS 600 BRICKELL AVE., STE. 300Z	
CITY-ST-ZIP MIAMI, FL 33131	
TITLE MGR	<input type="checkbox"/> Delete
NAME FERNANDO LUIS DE DIOS GRUISA	
STREET ADDRESS 600 BRICKELL AVE., STE. 300Z	
CITY-ST-ZIP MIAMI, FL 33131	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**10. ADDITIONS/CHANGES**

TITLE MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RIVEIRO, JORGE ENILIO	
STREET ADDRESS 600 BRICKELL AVE, STE # 503	
CITY-ST-ZIP MIAMI, FL 33131	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 600 Brickell Ave, ste 503	
CITY-ST-ZIP MIAMI FL 33131	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:**  **Jorge E. Riveiro** **03/28/04** **786 286 6162**

SIGNATURE AND EXPED-OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #