

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000012417

Entity Name: OKARIO, L.L.C.

FILED
Jan 03, 2005
Secretary of State

Current Principal Place of Business:

1126 S. FEDERAL HWY.
STE. 313
FORT LAUDERDALE, FL 33316 US

New Principal Place of Business:

Current Mailing Address:

1126 S. FEDERAL HWY.
STE. 313
FORT LAUDERDALE, FL 33316 US

New Mailing Address:

FEI Number: 20-0731437 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

REIMANN, DANIEL F
1126 S. FEDERAL HWY.
STE. 313
FORT LAUDERDALE, FL 33316 US

Name and Address of New Registered Agent:

WHITWORTH, D F
3229 E. ATLANTIC BLVD
POMPANO BEACH, FL 33062 US

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: D. F. WHITWORTH

01/03/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: REIMANN, DANIEL F
Address: 1126 S. FEDERAL HWY., STE. 313
City-St-Zip: FORT LAUDERDALE, FL 33316 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: WHITWORTH, D F
Address: 3229 E. ATLANTIC BLVD.
City-St-Zip: POMPANO BEACH, FL 33062 US

Title: MGR () Change (X) Addition
Name: CONANT, R C
Address: 3229 E. ATLANTIC BLVD.
City-St-Zip: POMPANO BEACH, FL 33062

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: D. F. WHITWORTH

MGR

01/03/2005

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