

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000044200

FILED
Mar 21, 2005
Secretary of State

Entity Name: OVATION INVESTMENTS, L.L.C.

Current Principal Place of Business:

8200 NW 41 STREET, STE. 325
DORAL, FL 33166

New Principal Place of Business:

6850 SW 130 AVE
SOUTHWEST RANCHES, FL 33330

Current Mailing Address:

8200 NW 41 STREET, STE. 325
DORAL, FL 33166

New Mailing Address:

6850 SW 130 AVE
SOUTHWEST RANCHES, FL 33330

FEI Number: 20-1304008

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARROM, ORLANDO
10556 NW 26 STREET, STE. 203
DORAL, FL 33172 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: HARVEY, STEVEN N
Address: 6850 SW 130 AVENUE
City-St-Zip: SOUTHWEST RANCHES, FL 33330

Title: MGR () Delete
Name: HARVEY, LISA M
Address: 6850 SW 130 AVENUE
City-St-Zip: SOUTHWEST RANCHES, FL 33330

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HARVEY, STEVEN N
Address: 6850 SW 130 AVENUE
City-St-Zip: SOUTHWEST RANCHES, FL 33330

Title: MGRM (X) Change () Addition
Name: HARVEY, LISA M
Address: 6850 SW 130 AVENUE
City-St-Zip: SOUTHWEST RANCHES, FL 33330

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: STEVEN N HARVEY

MRGM

03/21/2005

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