



2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2008 08:00 AM
Secretary of State

| | | | | | |
|--|--------------------------------------|---|--|---|--|
| DOCUMENT # L04000051504 1. Entity Name ORIENTAL PROPERTIES LLC | | | |  | |
| Principal Place of Business 2665 SOUTH BAYSHORE DRIVE, SUITE 703 MIAMI, FL 33133 | | | Mailing Address 2665 SOUTH BAYSHORE DRIVE, SUITE 703 MIAMI, FL 33133 | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | |  | |
| City & State Zip Country | | City & State Zip Country | | 02202008 Chg-LLC CR2E083 (12/06) | |
| 4. FEI Number 20-2510847 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | 6. Name and Address of Current Registered Agent WORLD CORPORATE SERVICES, INC. 2665 SOUTH BAYSHORE DRIVE, SUITE 703 MIAMI, FL 33133 | |
| 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 _____ | | | | | |
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE | MGR RICHARDS, TIMOTHY D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | 2665 SOUTH BAYSHORE DRIVE, SUITE 703 | | NAME | U00000914547 05/08/08-80059-014 1910.00 | |
| STREET ADDRESS | MIAMI, FL 33133 | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
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| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
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| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Timothy D. Richards | | | Date: 2/20/08 (305) 858-9900 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | | | |