2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000075835

Entity Name: INVERSIONES OLAECHEA "DUO", LLC

FILED Mar 15, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2121 PONCE DE LEON BLVD 20100 W COUNTRY CLUB DR

1050 407

CORAL GABLES, FL 33134 US AVENTURA, FL 33180 US

Current Mailing Address: New Mailing Address:

2121 PONCE DE LEON BLVD 20100 W COUNTRY CLUB DR 1050 407

CORAL GABLES, FL 33133 US AVENTURA, FL 33180 US

FEI Number: 20-1774948 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CONSULTING SERVICES OF SOUTH FLORIDA, INC.
2121 PONCE DE LEON BLVD
1050

OLAECHEA, JOSELYN H
20100 W COUNTRY CLUB DR
407

CORAL GABLES, FL 33133 US AVENTURA, FL 33180 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: JOSELYN OLAECHEA 03/15/2007

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: MGRM (X) Change () Addition Name: OLAECHEA, JOSELYN H Name: OLAECHEA, JOSELYN H

Address: 2121 PONCE DE LEON BLVD. SUITE 1050 Address: 20100 W COUNTRY CLUB DR # 407

City-St-Zip: CORAL GABLES, FL 33134 US City-St-Zip: AVENTURA, FL 33180 US

Title: MGRM () Delete Title: MGRM (X) Change () Addition Name: SARRIN DE OLAECHEA, ZOILA L Name: SARRIN DE OLAECHEA, ZOILA L

Address: 2121 PONCE DE LEON BLVD. SUITE 1050 Address: 20100 W COUNTRY CLUB DR # 407
City-St-Zip: CORAL GABLES, FL 33134 US City-St-Zip: AVENTURA, FL 33180 US

Title: MGRM () Delete Title: MGRM (X) Change () Addition Name: OLAECHEA, ORLANDO A Name: OLAECHEA, ORLANDO A

Address: 2121 PONCE DE LEON BLVD. SUITE 1050 Address: 20100 W COUNTRY CLUB DR # 407

City-St-Zip: CORAL GABLES, FL 33134 US City-St-Zip: AVENTURA, FL 33180 US

I hereby certify that the information supplied with this filing does not qualify for the 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: JOSELYN OLAECHEA MGMR 03/15/2007