

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000082890

FILED  
Apr 26, 2007  
Secretary of State

Entity Name: OREON 122, LLC

**Current Principal Place of Business:**

7834 NW 116TH AVE  
MEDLEY, FL 33178

**New Principal Place of Business:**

**Current Mailing Address:**

2121 PONCE DE LEON BLVD  
1050  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number: 20-1883532

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CONSULTING SERVICES OF SOUTH FLORIDA, INC.  
2121 PONCE DE LEON BLVD  
1050  
CORAL GABLES, FL 33134 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/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ROBAYO, EDUARDO  
Address: 2121 PONCE DE LEON BLVD. #1050  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM ( ) Delete  
Name: ROBAYO, CAMILO  
Address: 2121 PONCE DE LEON BLVD. #1050  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM ( ) Delete  
Name: ROBAYO, ADRIANA  
Address: 2121 PONCE DE LEON BLVD. #1050  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM ( ) Delete  
Name: GONZALEZ, JAIRO  
Address: 2121 PONCE DE LEON BLVD. #1050  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM ( ) Delete  
Name: ROBAYO, LUIS CARLOS  
Address: 2121 PONCE DE LEON BLVD. #1050  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM ( ) Delete  
Name: TIBADUISA, ELMÍ  
Address: 2121 PONCE DE LEON BLVD. #1050  
City-St-Zip: CORAL GABLES, FL 33134

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: CAMILO ROBAYO

MGRM

04/26/2007

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