

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000037477

Entity Name: ODUMAR CONDOS, L.L.C.

FILED
Mar 31, 2008
Secretary of State

Current Principal Place of Business:

5630 N.E. 18TH AVE
OFFICE
FORT LAUDERDALE, FL 33308

New Principal Place of Business:

Current Mailing Address:

5630 N.E. 18TH AVE
OFFICE
FORT LAUDERDALE, FL 33308

New Mailing Address:

1825 PONCE DE LEON
#390
CORAL GABLES, FL 33134

FEI Number: 20-2715846

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAMUDO, OLGA
625 ALHAMBRA CIRCLE
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

RAMUDO, OLGA
1825 PONCE DE LEON
#390
CORAL GABLES, FL 33134 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:

03/31/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: RAMUDO, OLGA
Address: 625 ALHAMBRA CIRCLE
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR () Delete
Name: RAMUDO, DANIEL
Address: 5100 N. OCEAN BLVD., APT. 1102
City-St-Zip: FORT LAUDERDALE, FL 33308

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: RAMUDO, OLGA
Address: 1825 PONCE DE LEON #390
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR (X) Change () Addition
Name: RAMUDO, DANIEL
Address: 300 E. 40 ST, APT 19-D
City-St-Zip: NEW YORK, NY 10016

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: OLGA M. RAMUDO

PRES

03/31/2008

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