

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000043443

FILED
May 02, 2006
Secretary of State

Entity Name: OCANUVA HOLDINGS, LLC

Current Principal Place of Business:

1500 SAN REMO AVE., SUITE 125
CORAL GABLES, FL 33146

New Principal Place of Business:

Current Mailing Address:

1500 SAN REMO AVE., SUITE 125
CORAL GABLES, FL 33146

New Mailing Address:

7450 S.W. 86TH CT
MIAMI, FL 33143

FEI Number: 20-4226956 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ATRIUM REGISTERED AGENTS, INC.
1500 SAN REMO AVE., SUITE 125
CORAL GABLES, FL 33146 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: OCARIZ, HIRAM
Address: 999 PONCE DE LEON BLVD., SUITE 1045
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR () Delete
Name: NUNEZ, JOSE
Address: 1500 SAN REMO AVE., SUITE 125
City-St-Zip: CORAL GABLES, FL 33146

Title: MGR () Delete
Name: VALENZUELA, RONNY
Address: 747 PONCE DE LEON BLVD., SUITE 600
City-St-Zip: CORAL GABLES, FL 33134

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

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: MGR () Change (X) Addition
Name: OCARIZ, GRISELL B
Address: 7450 S.W. 86TH CT.
City-St-Zip: MIAMI, FL 33143

Title: MGR () Change (X) Addition
Name: NUNEZ, VERONICA
Address: 1500 SAN REMO AVE., SUITE 125
City-St-Zip: CORAL GABLES, FL 33146

Title: MGR () Change (X) Addition
Name: VALENZUELA, LYNETTE
Address: 747 PONCE DE LEON BLVD. SUITE 600
City-St-Zip: CORAL GABLES, FL 33134

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: HIRAM OCARIZ

MGR

05/02/2006

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