2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2007
Secretary of State

DOCUMENT# L05000043443

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:

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

New Mailing Address:

FEI Number: 20-4226956 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ATRIUM REGISTERED AGENTS, INC.
1500 SAN REMO AVE., SUITE 125
CORAL GABLES, FL 33146 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:	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:	MGR	( ) Delete
Name:	OCARIZ, GRISELL B	
Address:	7450 S.W. 86TH CT.	
City-St-Zip:	MIAMI, FL 33143	
Title:	MGR	( ) Delete
Name:	NUNEZ, VERONICA	
Address:	1500 SAN REMO AVE., SUITE 125	
City-St-Zip:	CORAL GABLES, FL 33146	
Title:	MGR	( ) Delete
Name:	VALENZUELA, LYNETTE	
Address:	747 PONCE DE LEON BLVD. SUITE 600	
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 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: GRISELL B. OCARIZ MGR 03/06/2007

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