MITED LIABILITY COMPANY ANNUAL REPORT

OCLIMENT-#1,05000068660



FILED
Jan 30, 2008 08:00 AM
Secretary of State

of Business

DANIELS, THERREL BAISDEN, PA

Mailing Address

NICHOLAS M. DANIELS,THERREL BAISDEN,PA ONE S.E. 3RD AVENUE, SUITE 2950 MIAMI, FL 33131



DO NOT WRITE IN THIS SPACE

01042008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DANIELS, NICHOLAS M ESQ. THERREL BAISDEN, P.A./SUNTRUST INTL CENTER ONE S.E. 3RD AVENUE, SUITE 2950 MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

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8. The above the obligat	named entity submits this statement for the purpose of char tions of registered agent.	nging its registered office or registered agent, or both,	in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE	
FILE After May	E NOWIII FEE IS \$138.75 y 1, 2008 Fee will be \$538.75	(NOTE: registred Agent a presure required where remissions)	DATE	
9.	MANAGING MEMBERS/MANAGERS		*	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DANIEL, NICHOLAS M ESQ ONE SE THIRD AVE STE 2950 MIAMI, FL 33131			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			000000804795 02/05/08-80082-018 138.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO N	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN T	IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				

11. I hereby certify that the information supplied with this fifing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1/20/08

371-5758

Date

Daylime Phone #

NICHOLAS M. JANIEZI