


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-10-2006 90038 032 ****55.00

DOCUMENT # L05000083060 1. Entity Name OICP, LLC																											
Principal Place of Business 13060 MAR STREET CORAL GABLES, FL 33156		Mailing Address 13060 MAR STREET CORAL GABLES, FL 33156																									
2. Principal Place of Business 11890 S.W. 8th St. Suite, Apt. #, etc. #502		3. Mailing Address 11890 S.W. 8th St. Suite, Apt. #, etc. #502																									
City & State Miami, FL		City & State Miami, FL																									
Zip 33184		Zip 33184																									
4. FEI Number 20-3345517		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required																									
6. Name and Address of Current Registered Agent DE VILLIERS, ANA V 201 ALHAMBRA CIRCLE SUITE 601 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																									
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																											
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State																									
<div style="display: flex;"> <div style="flex: 1;"> 9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 80%;"> President <input type="checkbox"/> Delete Agustin Perez 11890 S.W. 8th St. #502 Miami, FL 33184 </td> </tr> <tr> <td>TITLE</td> <td> Vice-President <input type="checkbox"/> Delete Manuel Rodriguez 11890 S.W. 8th St. #502 Miami, FL 33184 </td> </tr> <tr> <td>TITLE</td> <td> Vice President/Secret. <input type="checkbox"/> Delete Gaston Cardenas 11890 S.W. 8th St. #502 Miami, FL 33184 </td> </tr> <tr> <td>TITLE</td> <td> Treasurer <input type="checkbox"/> Delete Armando Montero 11890 S.W. 8th St. #502 Miami, FL 33184 </td> </tr> <tr> <td>TITLE</td> <td> <input type="checkbox"/> Delete </td> </tr> <tr> <td>TITLE</td> <td> <input type="checkbox"/> Delete </td> </tr> </table> </div> <div style="flex: 1;"> 10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 80%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td>TITLE</td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td>TITLE</td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td>TITLE</td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td>TITLE</td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td>TITLE</td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> </table> </div> </div>				TITLE	President <input type="checkbox"/> Delete Agustin Perez 11890 S.W. 8th St. #502 Miami, FL 33184	TITLE	Vice-President <input type="checkbox"/> Delete Manuel Rodriguez 11890 S.W. 8th St. #502 Miami, FL 33184	TITLE	Vice President/Secret. <input type="checkbox"/> Delete Gaston Cardenas 11890 S.W. 8th St. #502 Miami, FL 33184	TITLE	Treasurer <input type="checkbox"/> Delete Armando Montero 11890 S.W. 8th St. #502 Miami, FL 33184	TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing 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.																											
SIGNATURE: <u>Gaston Cardenas</u>		Date: <u>4-4-06</u>																									