

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90036 024 ****55.00

DOCUMENT # L05000083060

1. Entity Name
OICP, LLC



Principal Place of Business

11890 SW 8TH ST
SUITE 502
MIAMI, FL 33184

Mailing Address

11890 SW 8TH ST
SUITE 502
MIAMI, FL 33184

DO NOT WRITE IN THIS SPACE



04202007No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-3345517

Applied For
Not Applicable

5. Certificate of Status Desired

\$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

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
PEREZ, AGUSTIN
11890 S.W. 8TH ST SUITE 502
MIAMI, FL 33184

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
RODRIGUEZ, MANUEL
11890 S.W. 8TH ST SUITE 502
MIAMI, FL 33184

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VS
CANTENS, GASTON
11890 S.W. 8TH ST SUITE 502
MIAMI, FL 33184

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
MONTERO, ARMADO
11890 S.W. 8TH ST SUITE 502
MIAMI, FL 33184

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #