

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 22, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000106337**

1. Entity Name  
**OCTOM LLC**



Principal Place of Business  
**7900 RED ROAD  
SUITE 9  
SOUTH MIAMI, FL 33143**

Mailing Address  
**7900 RED ROAD  
SUITE 9  
SOUTH MIAMI, FL 33143**



01082007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**13-4313891**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**RIFAS, HAROLD M  
7900 RED ROAD  
SUITE 9  
SOUTH MIAMI, FL 33143**

**DO NOT WRITE  
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**

1100000596530  
01/23/07-80083-001 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR RIFAS, HAROLD M 7900 RED ROAD, SUITE 9 SOUTH MIAMI, FL 33143</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR GRANEK, DAVID 2707 ROLLING ROAD #120 BALTIMORE, MD 21244</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR ORILLAC, ERASMO 7900 RED ROAD, SUITE 9 SOUTH MIAMI, FL 33143</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
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 #

1/10/07

305-662-8814