

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 28, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000110078

1. Entity Name
OSLO PROPERTIES, LLC



Principal Place of Business
**1499 W. PALMETTO PARK ROAD
#410
BOCA RATON, FL 33486**

Mailing Address
**1499 W. PALMETTO PARK ROAD
#410
BOCA RATON, FL 33486**



02082007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 41-2196675	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**AOVIDA, EMAD
1499 W. PALMETTO PARK ROAD
#410
BOCA RATON, FL 33486**

**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**

U000000652211
03/12/07-80009-019 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AOVIDA, EMAD 1499 W. PALMETTO PARK ROAD, #410 BOCA RATON, FL 33486
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHANOUHA, AFIF 3275 PONCE DE LEON CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM UWEVDA, AOUS 1499 W. PALMETTO PARK ROAD, #410 BOCA RATON, FL 33486
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 #