## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## May 15, 2007 8:00 am Secretary of State **DOCUMENT # L05000114435** 05-15-2007 90221 001 \*\*\*100.00 INDIAN CREEK INTERNATIONAL LLC Principal Place of Business Mailing Address 30007892 15436-8 N.W. 77TH COURT 15436-8 N.W. 77TH COURT MIAMI LAKES, FL 33016 MIAMI LAKES, FL 33016 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04272007 CR2E083 (12/06) Chg-LLC Applied For City & State City & State 4. FEI Number 20-5226314 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 Zip Code 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. Fam familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and tale if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 1.500 Make check payable to Filing Fee is \$50.00 Due by May 1, 2007 Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM TITLE ☐ Delete ☐ Addition TITLE ☐ Change NAME: MICHIGAN ODONT, S.L. 15436-8 N.W. 77TH COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI LAKES, FL 33016 CITY-ST-ZIP MGRM TITLE ☐ Delete TALE ☐ Change ☐ Addition G & N INTERNATIONAL LLC NAME 15436-8 N.W. 77TH COURT STREET ADDRESS STREET ADDRESS MIAMI LAKES, FL 33016 CITY-ST-7IP CITY-ST-ZIP DILE ☐ Delete TITLE ☐ Change ■ Addition FERRER FUENTES, OSCAR NAME NAME STREET ADDRESS 15436-8 N.W. 77TH COURT STREET ADDRESS CITY-ST-7IP MIAMI LAKES, FL 33016 CHY-ST-ZIP TOLE ☐ Delete TITLE ☐ Change ☐ Addition CALANDRIELLO, MIGUEL NAME STREET ADDRESS 15436-8 N.W. 77TH COURT STREET ADDRESS CITY-ST-7IP MIAMI LAKES, FL 33016 CUY-ST-ZIP Delete ☐ Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 11. Thereby 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

J. CALANDRIEllo

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MIGUEL

PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE: