2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2008
Secretary of State

DOCUMENT# L06000048084

Entity Name: OPEN HOUSE COMMUNICATIONS, LLC

Current Principal Place of Business:

5880 COLLINS AVE APT. 807
MIAMI BEACH, FL 33140

New Principal Place of Business:

4017 N MERIDIAN AVE
MIAMI BEACH, FL 33140

Current Mailing Address:

5880 COLLINS AVE APT. 807
MIAMI BEACH, FL 33140

New Mailing Address:

4017 N MERIDIAN AVE
MIAMI BEACH, FL 33140

FEI Number: 20-4849885 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARES, SANTIAGO
5880 COLLINS AVE APT. 807
MIAMI BEACH, FL 33140 US

Name and Address of New Registered Agent:

ARES, SANTIAGO
4017 N MERIDIAN AVE
MIAMI BEACH, FL 33140 US

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.

SIGNATURE: SANTIAGO ARES 04/09/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: ARES, SANTIAGO
Address: 5880 COLLINS AVE APT. 807
City-St-Zip: MIAMI BEACH, FL 33140

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: ARES, SANTIAGO
Address: 4017 N MERIDIAN AVE
City-St-Zip: MIAMI BEACH, FL 33140

Title: MGR ( ) Change (X) Addition
Name: NEWTON, NAOMI
Address: 4017 N MERIDIAN AVE
City-St-Zip: MIAMI BEACH, FL 33140

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SANTIAGO ARES MGR 04/09/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date