

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000048084

FILED
Apr 17, 2009
Secretary of State

Entity Name: OPEN HOUSE COMMUNICATIONS, LLC

Current Principal Place of Business:

4017 N MERIDIAN AVE
MIAMI BEACH, FL 33140

New Principal Place of Business:

4802 SUNSET DRIVE
VERO BEACH, FL 32963

Current Mailing Address:

4017 N MERIDIAN AVE
MIAMI BEACH, FL 33140

New Mailing Address:

4802 SUNSET DRIVE
VERO BEACH, FL 32963

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
4017 N MERIDIAN AVE
MIAMI BEACH, FL 33140 US

Name and Address of New Registered Agent:

ARES, SANTIAGO MGR
4802 SUNSET DRIVE
VERO BEACH, FL 32963 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

04/17/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ARES, SANTIAGO MGR
Address: 4802 SUNSET DRIVE
City-St-Zip: VERO BEACH, FL 32963

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

04/17/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date