

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000049063

FILED  
Mar 07, 2007  
Secretary of State

Entity Name: AURUM LLC

**Current Principal Place of Business:**

8770 SW 72 STREET  
BOX 434  
MIAMI, FL 33173

**New Principal Place of Business:**

**Current Mailing Address:**

8770 SW 72 STREET  
BOX 434  
MIAMI, FL 33173

**New Mailing Address:**

FEI Number:                      FEI Number Applied For (X)                      FEI Number Not Applicable ( )                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

OSBORN, JOHN R  
1217 CHENILLR CIRCLE  
WESTON, FL 33327 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: PASCUAL, JOSE L  
Address: 8770 SW 72 STREET, BOX 434  
City-St-Zip: MIAMI, FL 33173

Title: MGRM ( ) Delete  
Name: DE PASCUAL, AURA P  
Address: 8770 SW 72 STREET, BOX 434  
City-St-Zip: MIAMI, FL 33173

**ADDITIONS/CHANGES:**

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JOSE LUIS PASCUAL

MR

03/07/2007

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