

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000066429

Entity Name: OVIEW KAE, LLC

FILED
Jan 22, 2007
Secretary of State

Current Principal Place of Business:

5201 BLUE LAGOON DR
SUITE 980
MIAMI,, FL 33126

New Principal Place of Business:

Current Mailing Address:

5201 BLUE LAGOON DR
SUITE 980
MIAMI,, FL 33126

New Mailing Address:

FEI Number: 20-8273185

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSALES, KLEVER
260 CRANDON BLVD
SUITE 52
KEY BISCAYNE, FL 33149 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: MGRM () Delete
Name: ROSALES, KLEVER
Address: 584 FERNWOOD RD
City-St-Zip: KEY BISCAYNE,, FL 33149

Title: MGRM (X) Delete
Name: GUTIERREZ, EDUARDO
Address: 7811 NW 103 AVE
City-St-Zip: MIAMI, FL 33178

Title: MGRM (X) Delete
Name: VIVAS, ALBERT
Address: 6761 NW 112 AVE
City-St-Zip: MIAMI,, FL 33178

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ALTEK GROUP HOLDING,, LLC
Address: 5201 BLUE LAGOON DR # 980
City-St-Zip: MIAMI, FL 33126

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: KLEVER ROSALES

MGR

01/22/2007

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