


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90185 019 *****55.00

DOCUMENT # L06000079443 1. Entity Name GRAM OVERSEAS LLC					
Principal Place of Business 11028 SOUTHWEST, 112 AVENUE MIAMI, FL 33176-3215			Mailing Address 11028 SOUTHWEST, 112 AVENUE MIAMI, FL 33176-3215		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-5436237	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent A1A REGISTERED AGENT INC. 92 SADBERRY RD QUINCY, FL 32351			7. Name and Address of New Registered Agent Name BEATRIZ PEREZ-ANGULO Street Address (P.O. Box Number is Not Acceptable) 11028 SOUTHWEST, 112 AVENUE City Miami FL Zip Code 33176-3215		
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Reli D. Duany</i></u> DATE <u>Jan 6, 2007</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00. Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AMAYA, RUBEN A TORRE B PISO 12 OF B1204 CCCT CHUAO CARACAS, 1064 VENEZUELA,	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RINCON, NIEVES TORRE B PISO 12 OF B1204 CCCT CHUAO CARACAS, 1064 VENEZUELA,	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MEJIAS, SORAYA TORRE B PISO 12 OF B1204 CCCT CHUAO CARACAS, 1064 VENEZUELA,	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRUBER, MAGALY TORRE B PISO 12 OF B1204 CCCT CHUAO CARACAS, 1064 VENEZUELA,	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRUBER, MAGALY TORRE B PISO 12 OF B1204 CCCT CHUAO CARACAS, 1064 VENEZUELA,	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRUBER, MAGALY TORRE B PISO 12 OF B1204 CCCT CHUAO CARACAS, 1064 VENEZUELA,	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRUBER, MAGALY TORRE B PISO 12 OF B1204 CCCT CHUAO CARACAS, 1064 VENEZUELA,	<input type="checkbox"/> Delete			
11. I hereby 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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <u><i>Reli D. Duany</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <u>Jan 6, 2007</u> (305) 279 0807 <small>Daytime Phone #</small>		