2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State
04-19-2007 90041 033 ****55.00

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1. Entity Name
OMAYOPA II, LLC

40070618

Principal Place of Business	Mailing Address
PRIMERA ENTRADA BELLO HORIZONTE, 300 M. L SUR DEL PALO DE MANFO, 600 M AL ESTE SAN JOSE, COSTA RICA,	P.O. BOX 1706-1250 SAN JOSE, COSTA RICA,

01162007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Iera entrada Bello Horizonte	
Suite, Apt. #, etc.: 300 metros Sur, 600 metros Este	Suite, Apt. #, etc.
City & State: Escazu San Jose	City & State
Zip: 1250 Country: Costa Rica	Zip / Country

4. FEI Number: 20-8498245 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GUTTENMACHER, EDWARD P 7301 SW 57TH COURT, SUITE 560 SOUTH MIAMI, FL 33143	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 PELZ Y SEYFARTH, S.A., A COSTA RICAN SOCIE PRIMERA ENTRADA BELLO HORIZONTE, 300 M. L SAN JOSE, COSTA RICA,	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Pelz y Seyfarth S.A. Iera entrada Bello Horizonte 300m S y 600m E Escazu San Jose Costa Rica	☒ Change ☐ Addition
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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: CP Rep. 4-11-2007