

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000097572

Entity Name: DR MORTALES, LLC

FILED  
Apr 30, 2007  
Secretary of State

**Current Principal Place of Business:**

801 SOUTH OLIVE AVE., SUITE 436  
WEST PALM BEACH, FL 33401

**New Principal Place of Business:**

**Current Mailing Address:**

801 SOUTH OLIVE AVE., SUITE 436  
WEST PALM BEACH, FL 33401

**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:**

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

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

MARCELO, PHAM MGR  
801 S OLIVE AVE  
436  
WEST PALM BEACH, FL 33401 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: MARCELO PHAM

04/30/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: PHAM, MARCELO  
Address: 801 SOUTH OLIVE AVE., SUITE 436  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: ST ( ) Delete  
Name: PHAM, MARCELO  
Address: 801 SOUTH OLIVE AVE., SUITE 436  
City-St-Zip: WEST PALM BEACH, FL 33401

**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 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: MARCELO PHAM

MGR

04/30/2007

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