
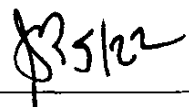
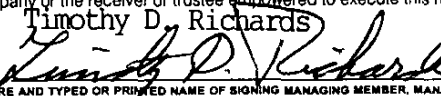


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000102531 1. Entity Name OSORNO MANAGEMENT GROUP LLC						FILED 07 MAY 14 PM 2:03 CLERK OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 7171 CORAL WAY STE 104 MIAMI, FL 33155				Mailing Address 7171 CORAL WAY STE 104 MIAMI, FL 33155			
2. Principal Place of Business - No P.O. Box #			3. Mailing Address 2665 S. Bayshore Drive				
Suite, Apt. #, etc.			Suite, Apt. #, etc. Suite 703				
City & State			City & State Miami, FL				
Zip		Country		Zip 33133		Country USA	
4. FEI Number				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent WORLD CORPORATE SERVICES, INC. 2665 SOUTH BAYSHORE DRIVE STE 703 MIAMI, FL 33133				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</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	MGR OSORNO, HELDA M 7171 CORAL WAY STE 104 MIAMI, FL 33155			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: center;"> 000103589190 05/31/07--01007--008 **1100.00 </div>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: center;">  </div>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: center;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: center;"> <input type="checkbox"/> Delete </div>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: center;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: center;"> <input type="checkbox"/> Delete </div>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: center;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>		
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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.							
<div style="display: flex; justify-content: space-between;"> <div> SIGNATURE:  </div> <div> Timothy D. Richards 4/30/07 </div> <div> (305) 858-9900 </div> </div>							
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>							