

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000107038

Entity Name: ORINOCO DEVELOPMENTS, LLC

FILED
Mar 31, 2009
Secretary of State

Current Principal Place of Business:

900 E. OCEAN BLVD.
SUITE 216-B
STUART, FL 34994

New Principal Place of Business:

Current Mailing Address:

900 E. OCEAN BLVD.
SUITE 216-B
STUART, FL 34994

New Mailing Address:

FEI Number: 26-1299270

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIVAS, LEONARDO A
900 E OCEAN BLVD/SUITE 216-B
STUART, FL 34994 US

Name and Address of New Registered Agent:

SAVELLI, JUAN E
900 E OCEAN BLVD/SUITE 216-B
STUART, FL 34994 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: JUAN E. SAVELLI

03/31/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SAVELLI, JUAN
Address: 900 E. OCEAN BLVD. STE 216-B
City-St-Zip: STUART, FL 34994

Title: MGRM () Delete
Name: SWIDOROWICZ, ROGER
Address: 900 E. OCEAN BLVD. STE 216-B
City-St-Zip: STUART, FL 34994

Title: MGRM () Delete
Name: RIVAS, LEONARDO
Address: 900 E. OCEAN BLVD. STE 216-B
City-St-Zip: STUART, FL 34994

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JUAN E. SAVELLI

MGR

03/31/2009

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